



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

## Issued by the Chief Inspector

Name of designated centre:	Teach Failte
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	05 July 2023
Centre ID:	OSV-0001521
Fieldwork ID:	MON-0032106

## About the designated centre

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

Teach Fáilte is a midlands residential designated centre and transitional home to individuals with acquired brain injuries. It is home to a maximum of 12 persons. The centre is a large wheelchair accessible building comprising of two floors. There is an outdoor accessible garden area. Each person living there have their own bedroom in the centre. The centres focus is on readjustment to community living following brain injury, the improvement of functional skills, and health and medical management. The service is open and staffed on a 24/7 basis. The clinical team is comprised of a Clinical Psychologist, Local Service Manager, Assistant Psychologist, Senior Occupational Therapist, Social worker, Basic Grade Occupational Therapist, Case Manager, Team Leader and a team of Rehabilitation Assistants.

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

Number of residents on the date of inspection:	6
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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
Wednesday 5 July 2023	08:30hrs to 16:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection to monitor the quality and safety of care which was offered to residents and also to assist in determining the renewal of this centre's registration. The inspection highlighted that residents had a high level of satisfaction with the service they received and in general they were well supported to enjoy a good quality of life. There were improvements required in regards to some of the regulations which were reviewed, with significant adjustments required in regards to the role and remit of the person in charge; however, overall the inspector found that this was a pleasant place in which to live and residents enjoyed their time in the centre.

The centre had a very relaxed and had a natural homely feel to it. Residents went freely about their own affairs in the morning and staff were observed to chat in a casual and familiar manner throughout the day. Each resident had their own ensuite bedroom which they had decorated with areas of personal interest and pictures of family gatherings. Rooms within the centre also displayed pictures of residents enjoying themselves at various social events. The centre was also large and spacious and there were various areas in which residents could sit and relax. Two residents were observed to sit and watch television as the inspection commenced and one resident relaxed in a communal area where she had a television and music system set up. The centre also had a large kitchen and separate dining room where there were pictures of residents enjoying local events. The last inspection of this centre highlighted that there was a clinical feel to the residents home; however, on this inspection the centre was warmly decorated with pictures of residents and various art works which assisted in creating a homely environment.

The inspector met with all residents who were using this service and five of the residents spoke directly with the inspector. The remaining resident interacted on their own terms and they were observed to enjoy a foot spa and they seemed happy and content in the company of staff. The residents who spoke with the inspector were very happy with the service they received and they spoke highly of both the staff and management of the centre. They explained that staff were very nice and that they could go any staff member if they needed assistance or had any issues. Two residents who met with the inspector spoke about their lives, both past and present, and they openly discussed the brain injuries which they had received and how it had effected their lives. They spoke about cognitive therapies which they participated in weekly and how these therapies improved their lives and also how they hoped to eventually move to a more independent setting in the future.

One of the residents met with the inspector in their bedroom and they discussed how important their weekly planner was to them. They explained how they used it everyday as a reference point as sometimes they had difficulty in remembering plans due to the injury which they had received. The inspector spoke with one other resident in the dining room as they were having their lunch. They explained how they had to stayed in a nursing home for a period of time prior to moving to this

centre and how this move was very positive for them. They discussed how they were awaiting surgery and following their operation they planned to return home to live with their partner again. They had a very positive outlook on life and they highlighted that staff were very nice and that they had no concerns in regards to the care which they received.

As the day progressed residents got ready to go out for various activities. One resident explained that they had an appointment to attend and that staff would support them. They also explained that they had two jobs, one in a nearby hotel where they attended to the grounds and one in a nearby shop where they worked on the floor. They stated that they really enjoyed their work and they looked forward to attending each week. Another resident explained how they enjoyed going to various cognitive workshops and they also loved attending support groups which met throughout the week. Residents also reported that enjoyed both cookery and gardening classes which had started in the centre and that they were a pleasant activity for the summer.

Overall, the inspector found that residents enjoying living in the centre and that they had a good quality of life. Formal questionnaires which they had completed also highlighted their satisfaction with the service. There were issues in regards to the role of the person in charge and also in regards to some aspects of care and these issues will be discussed in the subsequent sections of this report.

## Capacity and capability

The inspector found that the care provided was generally held to a good standard but some areas for improvement were identified in regards to residents' finances, personal planning and supporting residents that may require rescue medication. In addition, although the quality and safety of care was promoted, the provider had not ensued that the person in charge was facilitated to fulfill the duties of this role.

The provider had a management structure in place to oversee the care which was provided to residents. They had appointed a person in charge who met the requirements of the regulations but the provider failed to demonstrate that they were involved in the running and operation of the centre. Prior to the announced inspection the person in charge was contacted and they confirmed that they had not attended the centre for some time and that they were unsure of the number and care needs of residents who were using the service. The provider had appointed a local service manager who oversaw the day-to-day operation of the centre and it was clear that they had a good understanding of the residents' care needs and they were committed to the delivery of a good quality service. The provider was aware of this situation and they discussed the appointment of the centre's local service manager to become the new person in charge of this centre; however, on the day of inspection the provider did not have a suitable management structure which included the basic requirement of a person in charge.

The local service manager attended the centre on a weekly basis and they had a good understanding of the residents' care needs and also of the resources which were in place to meet those needs. They had a good rapport with residents who were observed to stop and chat frequently throughout the inspection. The service manager also completed quarterly reviews in areas of care such as medications and they facilitated both team meetings and staff supervision sessions. The inspector found that these arrangements promoted the quality and safety of care which was provided and also facilitated staff members to raise any concerns to may have in relation to care practices.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required adjustments. The person (quality support) who completed unannounced audit attended the centre on the day of inspection and it was clear that they were committed to the delivery of a good quality service. They outlined how they planned more focused reviews of care where issues or trends in incidents highlighted a concern and they also discussed a new audit tool which was due to be implemented in regards to supporting residents with their finances. Although the person in charge was not present in this centre, it was clear that their was a provider management presence and it was apparent that the above mentioned quality lead and local service manager assisted in the oversight and delivery of a good quality service.

As mentioned in the subsequent section of this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that residents were supported by a consistent staff team.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that the residents were supported to enjoy their time in the centre.

## Regulation 14: Persons in charge

The role of the person in charge is central to the oversight and governance arrangements of designated centres. The provider had appointed a person in charge; however, the provider failed to demonstrate that the person in charge knew the residents and that they were actively involved in the running and operation of

this centre.

Judgment: Not compliant

### Regulation 15: Staffing

Staff who met with the inspector had a good understanding of residents' care needs and they also interacted with residents in a kind and caring manner. A review of the rota indicated that they were generally supported by a familiar staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a schedule of mandatory and refresher training in place and a review of training records indicated that staff were up to date with the training needs.

In addition, staff attended for regular supervision and scheduled team meetings were occurring which assisted staff members to raise any concerns they may have in relation to care practices.

Judgment: Compliant

### Regulation 19: Directory of residents

The person in charge maintained a directory of residents which met the majority of the requirements of the regulations. Some adjustments were required to include the name and address of organisation which arranged residents' admission to the service.

Judgment: Substantially compliant

### Regulation 21: Records

The provider demonstrated that records within the centre were well maintained and actively reviewed annually or in line with the regulations.



Judgment: Compliant

### Regulation 23: Governance and management

All required audits and reviews had been completed as required and good progress had been made in resolving any issues which had been identified. Although residents had a good quality of life, several regulations which were examined required further attention to ensure they were held to a good standard at all times, with significant improvements required in regards to supporting residents with their finances.

In addition, the provider failed to demonstrate that the centre's person in charge was actually involved in the oversight and operation of the centre which had the potential to impact on the delivery of care.

Judgment: Substantially compliant

### Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that they enjoyed their time in the centre. They were also assisted by a considerate and consistent staff team who were warm and caring in their interactions with residents. There were several areas of care which required some improvements including personal possessions, fire safety and supporting a resident with regards to the administration of their rescue medication and associated healthcare need.

Staff on duty were very pleasant in their approach to care and they interacted in a kind and caring manner with residents throughout the inspection. The centre had a very calm atmosphere and residents were observed to stop and chat with residents throughout the day. Residents who met with the inspector spoke highly of staff and they stated that they would have no issues in seeking assistance from them. Staff who met with the inspector had discussed residents' collective care needs including fire safety, preferences for activities, supports which were in place and specific healthcare interventions. There was a good overall understanding of residents' preferences in relation to care and also safety interventions such as fire and falls management. Although they had a good overall knowledge of care in the centre, improvements required in regards to staff knowledge for the administration of rescue medication.

A resident was prescribed rescue medication for an identified medical condition and there was a protocol in place to outline the requirements for its administration. The

protocol was clear in its guidance and a clear example was reviewed whereby this medication was administered directly in line with this protocol. However, another example was reviewed whereby the protocol was not directly followed. There was also clear evidence of associated medical personal being contacted following the administration of this medication but the protocol required further clarity in relation to contacting the emergency services. In addition, there was a recommendation for the administration of an additional associated medication; however, there was no protocol for its administration but there was a recommendation to contact a medical professional for advice prior to administration and the inspector observed that this practice was in place which promoted the well being of this resident.

Residents had good access to medical professionals and residents attended appointments in times of illness and also for regular health screening. A resident was awaiting surgery and the centre's local service manager discussed how they were supported by regular updates and also further correspondence from their general practitioner in regards to expected dates for their surgical review. Residents who were at risk of developing pressure sores had tissue viability scores in place and a plan of care was implemented to monitor and reduce the likelihood of a pressure sore developing. Although healthcare was generally held to a good standard some improvements were required as there was no care plan in place to guide staff in regards to epilepsy or the care required post the administration of rescue medication.

Residents were out and about on a daily basis and some residents managed their own finances but they allowed staff to monitor their cashless transactions to ensure their finances were safeguarded. Residents could lock their own bedrooms and there was also ample personal lockable storage in place which residents could use to keep their possessions safe. Although within the centre residents were well supported with the possessions some amendments were required, for example, two residents did not have full control over their personal financial accounts and the provider failed to demonstrate how they had been supported in this area of care.

The inspector found that residents enjoyed their time in the centre and they were well supported in many areas of care. Although, some areas of support required adjustments, overall the provider was committed to the delivery of a good quality of service and it was apparent that the welfare and wellbeing of residents was to the forefront of care.

## Regulation 11: Visits

There were no restrictions on visitors to the centre and residents reported and there was ample room for residents to receive friends and family in private. Residents reported that they often had visitors to the centre and they regularly went home for day visits and some residents went home for overnight stays and short breaks.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents who used this service had varying needs in regards to managing their own finances. Some residents maintained full control of their personal finances and they managed their own bank accounts.

However, two residents did not have direct access to their own finances and the provider failed to demonstrate how they were supported with their own financial affairs.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was large and each resident had their own ensuite bedroom. There had been improvements to the overall environment since the last inspection with various pictures of residents displayed which gave the centre a more homely feel.

There were no restrictions within the centre and residents had free access to all communal areas of their home. In addition there were ample areas for residents to relax and staff reported that a new relaxation room had a positive impact upon the need for behavioural support for one resident.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system for recording and responding to incidents and a review of associated records indicated that individual incidents had been promptly reviewed by the provider. The provider also reviewed incidents collectively to monitor for any negative trends in care which had the potential to impact upon residents, staff or visitors.

In addition, comprehensive risk assessments were in place for issues which had the potential to impact upon care or safety within the centre. Risk assessments in regards to falls, self injurious behaviour, fire safety and infection prevention and control were in place and regularly reviewed which promoted safety within the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean to a visual inspection and it was also well maintained. Hand sanitising stations were present at entrance and exits and staff were observed to regularly wash or sanitise their hands.

Information in relation to IPC remained in situ and there was clear guidance in place to assist staff in the cleaning and sanitisation of the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire precautions were taken seriously by the provider and staff had received training in relation to fire safety. Fire safety equipment such as emergency lighting, fire doors and a fire detection system were in place and a service schedule was in place.

Fire procedures were on display and records of fire drills indicated that residents could be evacuated promptly across all shift patterns. Although fire safety was promoted, some improvements were required as two fire doors were not closing fully on the day of inspection which could impact upon fire containment in this centre.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

Residents had been assessed to manage their own medications and the provider was monitoring the frequency of medication administration errors. The provider demonstrated that action was taken to greatly reduce medication errors with additional education and training in regards to staff practice implemented.

However, medication management required some improvements as records showed that rescue medication was not administered as recommended on one occasion or that emergency services had been contacted as recommended. Staff knowledge in this area of care also required improvement. In addition, there was no protocol in place to guide staff in the administration of an additional medication post the administration of rescue medication.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents had comprehensive personal plans in place which were reviewed at scheduled intervals or to reflect changes in their care needs.

Residents were also actively involved in the development of their personal plan and it was clear that residents self directed their care. In addition residents were supported to identify goals that they would like to achieve; however, some improvements were required a some goals which were chosen could be considered fundamentals of care and additional exploratory work with residents was required to better support this area of care.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to enjoy a good quality of life and they attended their general practitioner in times of illness and also for scheduled health checkups.

Although healthcare was generally held to a good standard some improvements were required as there was no care plan in place to guide staff in regards to epilepsy or the care required post the administration of rescue medication.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no active safeguarding plans in this centre and residents appeared comfortable and relaxed throughout the inspection. A resident who met with the inspector stated that they got on well with other residents and that staff were very nice.

The provider had also appointed a designated person to manage any safeguarding concerns and staff had all received safeguarding training.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were actively promoted through the actions of the provider and the staff team. The inspector observed staff consulting with each resident as to how they would like to spend their day with residents deciding on a range of activities.

Residents also attended scheduled house meetings where they discussed the operation of their home including meal choices, maintenance up dates and upcoming events.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Teach Failte OSV-0001521

Inspection ID: MON-0032106

Date of inspection: 05/07/2023

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Local Service Manager who is present at the service each day, who knows the residents and is actively involved in the running and operation of the centre has applied to be registered as the Person in Charge of the centre. on 31/07/2023.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of Residents for all residents has been amended to include the name and address of the referral agency to Acquired Brain Injury Ireland. 06/07/2023.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Local Service Manager who is present at the service each day, who knows the residents and is actively involved in the running and operation of the centre has applied to be registered as the Person in Charge of the centre on 31/07/2023. Quality and Safety</p>	

Support Officer completed two financial audits on the 25/07/2023. The outcome of both has resulted in the escalation to the National Services Manager and the Clinical Team for review and action plan to be created. 31/08/2023.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
Quality and Safety Support Officer completed two financial audits on the 25/07/2023. The outcome of both has resulted in the escalation to the National Services Manager and the Clinical Team for review and action plan to be created. 31/08/2023.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Remedial works to fire doors for full compliance is scheduled for week commencing 14/08/2023.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
Clear Buccal Midazolam protocol and additional medication protocol following the administration of rescue medication was put in place on the 06/07/2023.  
  
Face to face Medication Management Refresher Training is scheduled to take place by the 29/09/2023.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  Review of goals by residents, keyworkers, Team Leader, LSM and the Clinical Team at the next Goal Review Meeting on the 24/08/2023.</p> <p>Preliminary review of goals with residents and their families to take place week commencing 08/08/2023.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  LSM has linked in with the Psychologist and Epilepsy Ireland and devised a care plan to guide staff with epilepsy management, post seizure and post rescue and additional medication care. 28/07/2023.</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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/08/2023
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	31/08/2023
Regulation 19(3)	The directory shall	Substantially	Yellow	06/07/2023

	include the information specified in paragraph (3) of Schedule 3.	Compliant		
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/08/2023
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	06/07/2023
Regulation	The person in	Substantially	Yellow	24/08/2023

05(4)(b)	charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Compliant		
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/07/2023