



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

Issued by the Chief Inspector

Name of designated centre:	Teach Saoire
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	07 November 2022
Centre ID:	OSV-0001834
Fieldwork ID:	MON-0029159

About the designated centre

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

Teach Saoire respite centre provides overnight care and support to adults with an intellectual disability. The service can accommodate up to four people at a time. Short term respite placements are provided on a scheduled basis, and can be of varying durations. The centre is a two-storey house, with five bedrooms on split levels, a kitchen, dining room and large living area. The premises has a garden to the front and rear, and is located on the outskirts of a large town in Co. Westmeath. Residents who attend the service are supported by a staff team of social care workers and support workers. The staff team are managed by a person in charge, who is a registered nurse.

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
Monday 7 November 2022	10:05hrs to 18:05hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, from what the inspector was told and what was observed, residents in this centre were supported to enjoy a good quality respite break which was respectful of their choices and wishes. Some improvements were required in relation to staff training and development, admissions and contract for the provision of services, risk management procedures, protection against infection, and medicines and pharmaceutical services. These areas are discussed further in the next sections of the report.

The inspector met and spoke with four of the residents on the day of the inspection. They all were all admitted that evening for the first night of their respite stay. The residents communicated that they loved attending respite and loved getting to socialise together. They said that they all got on really well and that all the staff that worked in the centre were lovely. All four residents spoke about how they loved the service. They said they were happy with their rooms and that normally they got to pick their own rooms for their stay. Residents were observed to spend lots of time together that evening either chatting or watching television together. They appeared very comfortable in each others company.

Residents informed the inspector that they choose what foods they ate and what activities they did. They showed the inspector the pictures they could use to indicate to staff their choices and showed the board on the wall where their choices were displayed. They explained to the inspector that there were weekly residents' meetings where they could talk about what they would like to do for their respite stay.

The centre appeared tidy and the bedrooms all had new bed linen. There was adequate space for socialising and recreation for residents. There were suitable in-house recreational equipment available for use, such as board games and art supplies. Each resident had their own bedroom for the duration of their stay and there were adequate storage facilities for their personal belongings.

The side yard had a picnic bench and additional seating for residents' use. Around the outside of the property there were some potted plants in different areas for decoration.

There were two staff members on duty the evening of the inspection. Staff spoken with demonstrated that they were familiar with the residents' care and support needs and preferences. Staff were observed to engage with residents in a relaxed and respectful manner that did not rush residents.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires returned was provided by way of the residents' representatives. Feedback received indicated that families were happy or in relation

to some question asked were neutral with the service provided. Some families provided positive feedback for the centre, such as staff were excellent and very helpful. They stated that they could not praise the staff enough. Another family member stated that staff working in the centre made the resident happy.

The provider had also sought family views on the service provided to them by way of six-monthly unannounced visits to the centre. Feedback received indicated that families and residents communicated with were happy with the respite service provided and with communication with staff members.

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

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in October 2021 where it was found that significant improvements were required to ensure the centre was operating in compliance with the S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations). The centre then received a subsequent inspection in January 2022 to ensure all actions the provider committed to undertaking were being completed as per the time frame agreed. Actions from the previous inspection had been completed or on schedule for completion by the time of that inspection.

The findings of this inspection indicated that the provider had the capacity to operate the service in substantial compliance with the regulations and standards, in a manner which ensured a good quality service was being delivered to residents. However, improvements were required in staff training and development and admissions and contract for the provision of services.

There was a defined management structure in place which included a long standing person in charge who was supported by the operations manager, who was the person participating in management for the centre. The operations manager facilitated the inspection due to the person in charge being on leave. The person in charge was a qualified professional with experience of working in and managing services for people with disabilities. They were responsible for the running of two designated centres and divided their time between the two centres.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year. There were other local audits and reviews conducted in areas, such as health and safety and infection prevention and control. In addition, there were monthly team meetings occurring in the centre. The majority of actions from audits had been completed by the time of

this inspection.

The inspector reviewed a sample of rosters and spoke with a staff member with regard to staffing. There was a planned and actual roster maintained by the person in charge. There were sufficient staff available, with the required skills and experience to meet the assessed needs of residents.

A sample of staff personnel files were reviewed and they contained all the necessary information as required to ensure safe recruitment practices.

There were formal supervision arrangements in place for staff and the provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. However, training was required for some staff in relation to eating drinking and swallowing. In addition, while refresher training was available, there were some deficits in the provision of refresher training for some staff within the time frame set out by the provider with regard to training related to infection prevention and control.

The inspector reviewed a sample of contracts of care and observed that residents and in some cases their representatives had the opportunity to sign the contracts. For the most part the fees to be charged to residents were included in the contract. One resident's contract did not include fees to be charged for their respite breaks. In addition, it was not made clear in the contracts if all facilities, such as Internet were included within their charges.

The provider had suitable arrangements in place for the management of complaints. There had been a low level of complaints in the centre and any complaints made had been suitably recorded, investigated and resolved.

Regulation 14: Persons in charge

The provider had in place a suitably qualified and experienced person in charge of the designated centre. They were employed in the organisation on a whole time basis and managed two centres. They divided their time evenly between the two centres.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements in the centre, including staffing levels and experience, were effective in meeting residents' assessed needs. There was a planned and actual roster maintained by the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

There were formal supervision arrangements in place for staff and the provider had ensured staff had access to a suite of training opportunities in order to support them in effectively carrying out their roles. However, training was required for some staff in relation to eating drinking and swallowing. In addition, while refresher training was available, there were some deficits in the provision of refresher training for some staff within the time frame set out by the provider with regard to training related to infection prevention and control. For example, with regard to hand hygiene and personal protective equipment (PPE) training.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured that there was an appropriate contract of insurance against injury to residents and insurance against other risks in the centre including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

There were effective management arrangements in place with a clearly defined management structure that ensured the safety and quality of the service was monitored.

The centre was adequately resourced to meet the assessed needs of residents.

The provider had completed an annual review of the quality and safety of the service and had carried out unannounced visits twice per year.

In addition, there were other local audits and reviews conducted in areas such as medication management and fire precautions.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been one recent admission to the centre and they had the opportunity to visit the centre prior to attending for a respite break. From a sample of contracts of care that were reviewed, residents and in some cases their representatives had the opportunity to sign the contracts. For the most part the fees to be charged to residents were included in the contract. One resident's contract did not include fees to be charged for their respite breaks. In addition, it was not made clear in the contracts if all facilities, such as Internet were included within their charges.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were suitable arrangements in place for the management of complaints. For example, there was a designated complaints officers nominated and staff spoken with were knowledgeable of the complaints process. There had been a low level of complaints in the centre and any complaints made had been suitably recorded and resolved.

Judgment: Compliant

Quality and safety

Overall, this inspection found that care and support was delivered to residents in a safe manner and that the service was effectively monitored. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and adequately met. However, some improvements were required in relation to risk management procedures, protection against infection, and medicines and pharmaceutical services.

There was an assessment of need undertaken pre-admission for residents which was reviewed annually. The operations manager had introduced a new arrangement for staff members to contact families on a monthly basis to establish if there was any updated information that the centre should be made aware of. This information was required to ensure that, any changes to a resident's needs were known to the centre and could be supported. From speaking to staff members the inspector was assured that the current relevant information was known, and that care was being delivered in accordance with their assessments.

There were healthcare plans in place for residents as required to support them, such

as epilepsy care plans and speech and language dietary plans. Residents were supported by their families to attend any healthcare appointments and referrals. The operations manager confirmed that residents would be supported to avail of an out of hours general practitioner (G.P) if required. In addition, residents had received an annual G.P review for 2022.

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The provider had ensured where applicable that residents had access to clinical supports in order to support their well-being and positive behaviour. One resident's behaviour support plan was due for review within the coming weeks and the provider and staff members had prepared their feedback and input for the process in advance of the review. The person in charge was promoting a restraint free environment and at the time of the inspection there were no restrictive practices in use.

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. There were no active safeguarding risks at the time of inspection.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for their respite break.

There was a residents' guide prepared and a copy available to residents that contained the required information as set out in the regulations.

From a walkabout of the centre the inspector found the house for the most part to be clean and it had adequate space for the residents. The centre was in a good state of repair as it had a renovation work completed in early 2022.

There were arrangements in place to manage risk, including a risk management policy and procedures. Risk in the centre was assessed and there were control measures in place. However, there were improvements required in the documentation and recording of risk management to ensure effective oversight and monitoring. For example, the risk register ratings were not always reflective of the risk assessment scores. In addition, some control measures were no longer applicable in the centre, such as the risk assessment for COVID-19 stated temperature checks were being completed twice daily. Furthermore, some control measures were not in-line with the providers guidance, for example, with regard to legionnaires disease.

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. The centre was found to be clean and there were a range of cleaning checklists in place to ensure that this was maintained. In addition, the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease.

However, the current cleaning schedules in place at the time of this inspection were

not documenting the cleaning of all aspects of the environment, for example, mattress and pillow protectors. Some aspects of the environment required a more thorough clean, such as the microwave and extractor fan. In addition, some areas were not conducive to cleaning, for example, some taps had a slight build-up of limescale or residue. Additionally, staff members had been signing to state they had completed some cleaning tasks that were non-applicable to this centre.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were fire evacuation plans in place for residents.

For the most part, there were suitable arrangements in place to ensure that medication was administered as prescribed, however, guidance for the usage of one medication used on a daily basis did not contain what dosage to administer to the resident recorded on their administration sheet. In addition, two PRN (medicine to be taken as the need arises) medications for one resident were found to not contain information with regard to indications of use and therefore required review.

Regulation 17: Premises

The centre was found to be generally clean and had sufficient space for the residents. Some minor improvements were required to the cleanliness of the centre and these are being dealt with under Regulation 27. The centre had renovation works completed in early 2022 and was found to be tastefully decorated. One bedroom that was closed at the time of the last inspection due to needing required works, was now back open for residents' use.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide prepared and a copy available to residents that contained the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements in place to manage risk, including a risk management

policy and procedures. There were a number of centre and individual risk assessments completed in the centre and there were control measures in place were applicable. However, improvements were required in the documentation and recording of risk management to ensure effective monitoring and that all information was accurate and applicable. For example, the risk register ratings were not always reflective of the risk assessment scores given to certain risks. In addition, some control measures were no longer applicable in the centre, such as the risk assessment for chemical safety stated that all chemicals to be stored in a locked cupboard and this was found not to be the case on this inspection. Furthermore, some control measures were not in-line with the providers guidance, for example, with regard to flushing guidance to prevent legionnaires disease.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were arrangements in place to prevent or minimise the occurrence of a healthcare associated infection. The centre was found to be clean and there were a range of cleaning checklists in place to ensure that this was maintained, such as a checklist for ensuring rooms were cleaned after residents finished their respite break. In addition, the centre had a contingency plan in the event of a suspected or confirmed outbreak of a notifiable disease.

However, the current cleaning schedules in place at the time of this inspection were not documenting the cleaning of all aspects of the environment, for example, mattress and pillow protectors and the extractor fan. Some aspects of the environment required a more thorough clean, such as the microwave and extractor fan. In addition, some areas were not conducive to cleaning, for example, some taps had a slight build-up of limescale or residue and one resident bedroom window frame had residue on it.

Additionally, staff members had been signing to state they had completed some cleaning tasks that was non-applicable to the centre. Furthermore, there was no evidence of a system in place that staff were routinely self-monitoring and recording for symptoms for themselves and residents which may help to identify early symptoms of infectious illnesses as per public health guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, each of which

was regularly serviced. There were suitable fire containment measures in place. Staff had received training in fire safety and there were fire evacuation plans in place for residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

For the most part, there were suitable arrangements in place to ensure that medication was administered as prescribed, however, guidance for the usage of one medication used on a daily basis did not have what dosage to administer recorded on the administration sheet. In addition, two PRN medications for one resident were found to not contain information with regard to indications of use and therefore required review.

All residents had received a self-assessment for administration of medication in 2022. In addition, there were structures and procedures in place to ensure the safe management of medications. For example, all open medications were observed to have the date of opening recorded on the packaging.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need undertaken pre-admission for residents which was reviewed annually. The operations manager had introduced a new arrangement for staff members to contact families on a monthly basis to establish if there was any updated information that the centre should be made aware of. This information was required to ensure that, any changes to a resident's needs were known to the centre and could be supported. From speaking to staff members the inspector was assured that the current relevant information was known, and that care was being delivered in accordance with their assessments.

Judgment: Compliant

Regulation 6: Health care

There were healthcare plans in place for residents as required to support them such as epilepsy care plans and speech and language dietary plans. The residents' healthcare needs were known by staff. Residents were supported by their families to

attend any healthcare appointments and referrals. The operations manager confirmed that residents would be supported to avail of an out of hours general practitioner (G.P) if required. Additionally, all residents had received an annual G.P review for 2022.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangement in place to support residents' positive behaviour support needs. The provider had ensured where applicable that residents had access to clinical supports in order to support their well-being and positive behaviour. One resident's behaviour support plan was due for review within the coming weeks and the provider and staff members had prepared their feedback and input for the process in advance of the review. The person in charge was promoting a restraint free environment and at the time of the inspection no restrictive practices were in use.

Judgment: Compliant

Regulation 8: Protection

The inspector reviewed the safeguarding arrangements in place and found that residents were protected from the risk of abuse. Staff had received training in safeguarding adults. Residents finances were counted when residents arrived for their stay and again when they finished their respite breaks. There were no active safeguarding risks at the time of inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for their respite break. In addition, there were choice boards displayed on the walls of the dining room.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Saoire OSV-0001834

Inspection ID: MON-0029159

Date of inspection: 07/11/2022

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff will have completed the FEDS (Eating, Drinking & Swallowing) by 20/12/22. Amaric Hand Hygiene to be refreshed by 1 staff by 20/12/22. Donning and Doffing of PPE in a Community Setting to be refreshed by 2 staff by 20/12/22.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: One resident's contract has been revised to include the fees, this was completed on the 30/11/2022. The Contract of Care form has been revised to include all facilities and Internet is included in this 14/12/2022.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The relevant risk register ratings have been changed to reflect the risk assessment score. Completion Date - 14/12/2022 The Control measure for the chemical safety risk assessment have been reviewed and updated, Completion Date - 14/12/2022 The risk assessment for Controlling Legionnaires Disease have been reviewed and updated to include running hot and cold water taps, Completion Date - 14/12/2022	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection:	

The cleaning Schedules have been reviewed and updated to include mattress and pillow protectors and the extractor fan in the hob 8/11/22. The microwave and extractor fan have been thoroughly cleaned 22/11/2022. The residue will have been removed from the tap and the resident's bedroom window by the 20/12/22

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The medication administration record has been reviewed and updated to include the dose of medication to be administered, Completion Date - 30/11/2022.

The PRN medication for the resident have been reviewed and updated to include indications of use, Completion Date - 30/11/2022.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	20/12/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/11/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the	Substantially Compliant	Yellow	14/12/2022

	designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	20/12/2022
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	Substantially Compliant	Yellow	30/11/2022

	to no other resident.			
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