



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

Issued by the Chief Inspector

Name of designated centre:	Morlea House
Name of provider:	St Christopher's Services Company Limited by Guarantee
Address of centre:	Longford
Type of inspection:	Announced
Date of inspection:	11 December 2023
Centre ID:	OSV-0001842
Fieldwork ID:	MON-0032894

About the designated centre

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

Morlea House comprises a large two-storey house in Co. Longford. On the ground floor, there is a bright entrance hall, six bedrooms, of which two are ensuite, an accessible large kitchen and dining area, sitting room, and office space. On the first floor, there is storage and office space. There is an accessible garden and outdoor seating area at the side of the residence. Morlea House can accommodate a maximum of six male and female adult residents from 18 years to the end of life, where appropriate, who have intellectual disability, with high support and complex needs. Residents are supported by a team of nursing staff and social care workers under the direction of a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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 11 December 2023	11:15hrs to 17:00hrs	Julie Pryce	Lead
Tuesday 12 December 2023	09:15hrs to 14:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to inform the decision to renew the registration of the designated centre.

On the morning of the first day of the inspection, three of the residents had already left for their activities. They attended local day services, and each attended different services in accordance with their preferences. Some residents enjoyed drama, or going on outings with others who attended their day services. Some of the residents who were older had a day service specifically designed to meet their needs.

One of the residents who had chosen only to attend a day service on two afternoons a week was having a relaxed start to their day, and following a lie in was having their hair done by one of the staff. Later in the day this resident had a head massage, and was observed to be clearly enjoying this.

The inspector conducted a walk around of the communal areas of the centre initially, and saw the residents' bedrooms when they returned from their day services. The house was homely and nicely decorated throughout, and given the time of year was decorated for Christmas. In the entrance hall there was a Christmas tree complete with a train running round the track at the base. Residents had been involved in making some of the decorations for the tree.

There was a spacious kitchen and dining area. The dining table had been specifically designed for wheelchair users, and there was a low level worktop for the residents' use, particularly because some people enjoyed being involved in baking.

Later in the afternoon residents began to return from their activities, and most went for a nap before their evening meal. Residents had been out for lunch or other activities, and the day services staff came into the centre with them and let the centre staff know how their day had gone.

On the morning of the second day the inspector met the other residents. Two residents who had a close relationship were having their breakfast and morning tea together in one of their rooms. One of the residents was pleased to have a visitor and gave the inspector a hug, and held their hand during the visit.

Each resident had their own room, and these were full of their personal items and possessions, such as family photographs, cuddly toys and items of particular interest to them. There were also items to aid communication and choice making.

Staff had all received training in human right and assisted decision making, and a recent in-house training in relation to risk management had also emphasised a human rights based approach. Various examples were discussed with the inspector of staff and the person in charge supporting the rights of residents. They described

the way in which they had observed one of the resident showing an interest in some sports on the television, and by the use of pictures discovered an interest in rugby and soccer. The resident was then supported to attend some live sporting events, which they has clearly enjoyed.

There was as detailed system of personal planning in place, and each resident had a person centred plan (PCP). PCP meetings were held regularly and these meetings were also a social occasion for residents and their friends and families. The inspector noticed a cake in the weekly shopping, and was informed that it was for the tea that would be hosted for one of the resident's PCP meetings.

There were various items of accessible information available throughout the centre, for example there was a noticeboard in the kitchen with pictures of the staff on duty, and of the activities that would be taking place. Some residents had communications boards in their rooms, with pictorial representation of various aspects of daily life to aid choice making and understanding.

During the course of the inspection, the inspector overheard some interactions between staff and residents, for example there was some banter and joking on occasion. Staff were observed to give clear explanations in relation to offering care to residents.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences. While some improvements were required in medication management as discussed later in this report, there was a good standard of care and support in this designated centre.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was supported by a shift leader every day.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by a person in charge and shift leaders.

All required documentation was in place and was regularly reviewed.

Registration Regulation 5: Application for registration or renewal of registration

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre, and in quality improvement of care and support offered to residents.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and a registered nurse was on duty each day. A planned and actual staffing roster was maintained as required by the regulations. There was a consistent staff team who were known to the residents.

Staff files were reviewed centrally and the inspector found that the all information and documents specified in Schedule 2 of the regulations were in place.

The inspector spoke to several staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up-to-date, and additional training had been undertaken by staff relating to the specific needs of residents, for example staff had received training in 'brain health across the lifespan' in response to the changing needs of

some of the residents.

There was an organisational training officer to support the training needs of staff, and the person in charge also monitored training records, and discussed training needs with staff during supervision conversations.

Regular supervision conversations were held with staff, and a review of the records of these discussions showed that they were meaningful two way conversations. There was appropriate daily supervision, both by the person in charge and by an identified shift leader each day.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained which included all the information required by the regulations.

Judgment: Compliant

Regulation 21: Records

All records required by the regulations were maintained appropriately.

Records required under Schedule 2 in relation to staff were all in place, including garda vetting, references and employment history.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All required records required by the regulations under Schedule 4 were in place including a Statement of Purpose and Function, a Residents' Guide, and copies of previous inspection reports were maintained in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. This review included an overview of each resident, and examined all areas of the operation of the designated centre. All efforts had been made to elicit the views of the residents during these processes. Any required actions that had been identified had been addressed and were complete.

There was a schedule of audits in place and each was assigned to a named auditor, including audits of person centred plans, the risk register and fire safety. A sample of these audits reviewed by the inspector found that they were detailed and included comments to support the findings. Any required actions were monitored until complete via a system of alerts, and were signed off by the person in charge when closed.

Any accidents and incidents were reported and recorded appropriately, and again any required actions were monitored until complete. For example, a recent incident with one of the residents required review by the medical team and the behaviour support team, and actions required by these teams were monitored until complete. Oversight of accidents and incidents was managed by review of each by the residential manager, and by a quarterly incident analysis.

Regular staff meetings were held, and a record was kept of the discussions which included accidents and incidents, risk management and the care and support of residents. A record of attendance at these meetings was maintained, and any staff unable to attend were required to sign the record to say that they had reviewed the minutes. In addition to the regular discussions at these team meetings, additional learning was also included where required. For example, a recent meeting had been attended by the organisation's Person centred planning Lead, who had provided additional and refresher information to the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service. An accessible version had been made available to residents.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had put in place the required policies and procedures as set out in Schedule 5 of the regulations. These policies were available to staff and reviewed as required.

Judgment: Compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and the residents and their families were involved in the person centred planning process.

The residents was observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. Some improvements were required in the management of medication management as described under regulation 29.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

Infection prevention and control (IPC) practices were appropriate, and in accordance with current public health guidelines, and a detailed contingency plan was in place to guide staff in the event of an outbreak of an infectious disease. There were risk management strategies in place, and all identified risks had effective management plans in place.

The rights of the residents were well supported, and given high priority in the designated centre.

Regulation 10: Communication

Residents did not communicate verbally for the most part, with only one of the residents using a few key words to indicate some requests. There were therefore multiple strategies in place to maximise effective communication.

There was accessible and easy read information throughout the centre as described in the first section of this report, and in addition there was individual accessible information made available to each resident, either in their PCP or in their rooms. Social stories had been developed to help residents understand information, for example in relation to making choices and in managing their money.

There was a detailed section in each resident's personal plan in relation to communication, and there was detailed information as to how best to communicate with each resident, for example the instruction to 'speak slowly' or to use short sentences. The plans also described the ways in which residents communicated, for example how they showed discomfort, or how they would indicate that they were upset by something.

Staff were knowledgeable about the ways in which residents communicate, and were observed to be implementing the communication care plans while interacting with residents.

Judgment: Compliant

Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans, and a money management plan had been developed for each person based on an assessment of needs. Consent for support with money management had been sought, and there was a consent form in each resident's plan.

Any transactions on behalf of the residents were recorded and signed by two staff members, and the receipts maintained. All receipts and balances checked by the inspector were correct.

While balances were checked following each purchase or transaction, there were no checks in between, so that more than a week could pass with no check being made. Following a discussion with the person in charge a daily check was immediately put in place and implemented.

The person in charge checked all the transactions for each resident on a monthly basis, and a monthly report was submitted to the board of directors of the organisation.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the assessed needs of residents, and provided both personal and communal spaces for residents. As well as the main large living room, there was a smaller living room which was used for visitors.

Any required equipment was in place and was regularly maintained, for example there were ceiling hoists in each of the bedrooms to assist with lifting and handling of residents in a safe manner.

The premises were well maintained, and any maintenance issues were addressed in a timely manner.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and this guide was available to the residents. This guide included a summary of the services to be provided.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks. Local and environmental risks managed under this system included the safe storage of oxygen, and the inspector observed the guidance to be implemented.

Individual risk assessments included the risk of choking, risks relating to a resident's preferred way of mobilising, and money management risks. In addition a recent incident which highlighted a new risk to a resident had been thoroughly assessed, and various control measures had been put in place immediately. The person in charge continued to monitor the situation and to explore further options to mitigate the identified risk.

There had recently been an in-house risk management workshop for all staff, which covered various aspects of risk management including the development of risk assessments and management plans. It was clear from a review of the documentation that the learning from this workshop had been put into practice, and risk management plans were detailed and developed to ensure that any risks were mitigated.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevention and control (IPC) practices were in place. All current public health guidance was being followed. The centre was visibly clean, and cleaning records were maintained. Including a twice daily record of the cleaning of 'high touch' areas. All required actions identified in the previous inspection relating to IPC had been addressed and completed.

A six-monthly health and safety audit included an examination of IPC in the centre, and in addition an annual IPC hygiene audit was undertaken. Included in the centre's audit schedule was a quarterly IPC audit, and this was a detailed audit in which the auditor made comments to support the findings.

There was a contingency plan in place to guide staff in the event of an outbreak of an infectious disease. Where there had been an outbreak of an infectious disease there was a detailed post-outbreak review which described the actions taken, and identified any learning.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained. Regular fire drills had been undertaken, and the person in charge ensured that all staff had been involved in a drill, including any new staff.

There was a fire safety policy in place which outlined the responsibilities of the shift leader, outlined the procedure to follow in the event of an emergency and included current floor plans of the centre.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate. The guidance included information on the required response should a resident be reluctant to engage in the evacuation, and identified any particular items that might

encourage residents.

Staff were all in receipt of fire safety training and staff could describe the actions they would take in the event of an emergency.

Oversight was undertaken by the person in charge, and a monthly report on fire safety was submitted to the board of directors of the organisation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While there were policies and procedure for medicine management these were not in line with best practice and national guidance. Specifically the procedure for transcribing medicines was not safe, and required significant improvement.

The provider had developed a medicine management policy and accompanying medicine management procedural guide. However, the inspector found the procedure for transcribing medicines was not in line with guidance on medicines management (HIQA, 2015), or the guidance to nurses and midwives on medication management (An Bord Altranais, 2007). Specifically, the procedure did not include arrangements for medicine prescription records to be co-signed by the registered prescriber within a specified timeframe in line with national guidance.

The procedure for transcribing medicines had been delegated to nurses in the centre, and a second staff member checked transcriptions. The inspector reviewed medicine management procedures with the nurse on duty. While medicines had been transcribed, accompanying prescriptions were not consistently available for some transcribed medicines, or in some cases did not detail the times medicine were to be administered, the prescribers signature and number, or the specific circumstances for some medicines. This included both regular medicine prescription records, and PRN (as needed) medicine prescriptions records and protocols. Similarly, while a second staff member checked transcriptions, and signed an appendices, only one staff signed the medicine prescription record. This was not in keeping with national guidance.

Medicine was safely stored in a locked cupboard, and medicines were stored separately within this press for each resident. There were satisfactory procedures in place for the disposal of medicines, and medicine for disposal was recorded in a pharmacy return book, and signed by the receiving pharmacist.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, based on an assessment of need, and regularly reviewed. The assessments included information about each resident's preferences and abilities. The assessments were thorough and included information about all aspects of the required care and support needs of residents.

Sections in these personal plans included healthcare, independent living skills and communication, and those reviewed by the inspector were detailed and provided clear guidance to staff.

In addition each resident had a person centred plan (PCP), and person centred planning meetings were held regularly at which goals were set or reviewed with each resident in relation to maximising their potential. Goals were set in accordance with the preferences and abilities of residents, and steps towards achieving goals were recorded regularly. There was an emphasis on eliciting the views of residents in relation to their goals and activities, and clear records of their responses were maintained, including photographs of the successful achievement of some of their goals, for example the involvement in a new hobby or activity.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. For example, changes due to the stage of life of some residents were monitored, and referrals had been made to members of the multi-disciplinary team (MDT) as indicated.

Residents were offered regular check-ups, and all required health screening had been considered, and undertaken where appropriate. There were healthcare plans in place to guide staff. These plans were detailed and provided clear guidance to staff. For example a care plan relating to epilepsy included both preventative and reactive measures, and clearly described the required actions in the event of a seizure.

Where older residents had end-of-life care plans in place, these were also very detailed, for example one of them described the way in which individuals should present themselves to the resident to minimise any anxiety.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Proactive strategies were clearly

identified, and all staff were aware of these strategies, and were able to describe the actions that might increase or reduce the likelihood of behaviours of concern.

Reactive strategies were clearly documented, and were regularly reviewed, and there were detailed reviews of any incidents relating to behaviours of concern, together with further recommendations.

Where some restrictive practices had been identified as being necessary to ensure the safety of residents, these were well defined and there was detailed guidance in place to ensure that they were applied appropriately, and that they were always the least restrictive required to ensure the safety of residents. They were regularly reviewed, formally by the person in charge on a six-monthly basis, and also at each staff team meeting.

Easy read information and social stories had been developed for any restrictive practices to aid residents' understanding.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training. There was a section in the care plan for each resident relating to safeguarding, even where no safeguarding issues had been identified.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. Where these measures related to reporting and recording, the safeguarding plan remained open to provide guidance to staff.

Judgment: Compliant

Regulation 9: Residents' rights

There was an ethos in the designated centre of supporting the rights of residents, and various examples were presented to the inspector in this regard.

For example, the person in charge outlined the ways in which they and the staff team had advocated for residents during hospital appointments and admissions in relation to sharing information with hospital staff about the best ways to communicate with residents. Other examples included the purchase of a portable hand-held blender so that residents were not restricted in any way in venues for

eating out. The person in charge had applied for and been awarded a grant for garden improvements, in particular to create a canopied area for residents to enjoy.

Regular residents meetings were held at which meals and activities were discussed, and communication aids had been developed in the form of pictures to assist residents.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not 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 Morlea House OSV-0001842

Inspection ID: MON-0032894

Date of inspection: 11/12/2023

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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>A review of the local procedures for transcribing medication has commenced. The service has engaged with pharmacists, GP's along with a private health care provider to create a solution that will ensure all MAR's are populated by a person authorised to do so, namely a doctor, Advanced Nurse Practitioner/ Nurse prescriber, or pharmacist. This will cease the practice of nurse transcribing.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	26/04/2024