Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Prosper Fingal Residential Respite Service 2
Name of provider:	Prosper Fingal Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	25 September 2024
Centre ID:	OSV-0003395
Fieldwork ID:	MON-0036398

About the designated centre

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

Prosper Fingal Residential Respite Service 2 is a spacious detached two-storey house with a rear garden and parking at the front. It is situated just outside a popular seaside town in Co. Dublin. It provides respite care to adults, male and female, with mild to moderate intellectual disabilities. All individuals who avail of residential respite in this designated centre also receive day service supports form Prosper Fingal. Respite users who access this service can manage all their activities of daily living with minimal support. There are five single occupancy bedrooms available. An individual bedroom with a key is allocated to each person when availing of respite. Each respite user is allocated their own room during their stay. Two shared bathroom facilities are provided. All service users have free access to, and shared use of the lounge, kitchen/dining room other communal rooms. There is a laundry facility also available. The service also provides support to families and carers in times of crisis. Respite users are supported by a team of social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 25 September 2024	10:10hrs to 18:30hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were positive. It demonstrated that residents were receiving a respite break that was sociable and that the service was meeting their needs. However, some improvements were required with regard to individual assessment and personal plans and medicines and pharmaceutical services.

The inspector had the opportunity to meet the five residents that were attending the respite service on the day of this inspection. Four residents arrived to the centre around lunch time as they had a half day from their day programme that they attended Monday to Friday unless they were working at their paid employment on certain days. One resident was working on the day of the inspection and arrived back to the centre just prior to the end of the inspection. The inspector briefly got to speak to them and they said they had a good day and planned to relax watching television as they were tired after working hard.

Three other residents agreed to chat with the inspector. All three said they liked coming to the respite centre and said that the staff were nice. They said they had a choice in what activities they did and what food they ate. They communicated to the inspector that they felt that staff listened to them. One resident said 'they couldn't ask for better staff and that the centre was like a second home for them'.

The fifth resident was observed to spend sometime on their electronic device and supported the staff to make dinner. They spoke briefly to the inspector and said they were the chef for the night and their picture was on the notice board to reflect same. They said they were happy in centre.

Activities residents participated in depended on their interests. For example, they ranged from going out for coffee, going to the pub, playing bowling or going to the cinema.

The provider had arranged for staff to have training in human rights. A staff member communicated with said that the training had made a big difference to their interactions with residents. They gave an example that if a resident wanted to stay up later, that it was the resident's choice. The staff said that they remind the resident that if they have to get up early in the morning that they may be tired. If the resident continued to want to stay up then the staff felt it was an informed decision they were making.

The inspector observed some rocks displayed in the dining area that were painted by the respite users from the previous week. They were painted bright colours and each rock displayed a word from the FREDA rights principles which were equality, respect, fairness, advocacy and dignity.

The inspector observed the respite house to be clean and tidy. Each resident that

attended the respite centre was assigned their own bedroom and there was adequate storage facilities for any personal belongings they wanted to bring in with them. There were different art supplies, jigsaws, board games and DVDs available for residents to use when on their respite break.

There was a front garden used for parking. At the back of the house there was a garden that had garden seating and a table. There were different potted plants and flowers and garden ornaments displayed which resulted in the space feeling bright and inviting.

The provider had sought residents' and family representatives' views on the service provided. This was done by way of phone calls with family members and observations or interviews with some residents that were attending on a respite break and feedback received was positive. For example, one family member said that their daughter 'loved attending the respite centre and that it helped with their independence'. Another said that their family member was 'treated with dignity and respect. They said that 'staff were extremely experienced and supportive'. One resident said that they go to the respite to 'spoil themselves'.

As part of this inspection process residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Five questionnaires were returned and feedback from the questionnaires was completed by two residents themselves and the other three residents were supported by staff representatives to complete the form. All answers were ticked 'yes' to represent that they were happy with all aspects of the care and supports provided in the centre. One resident stated that they liked the food. Another communicated that 'the staff team were great and that they were there if you need them'. They went on to say that the 'staff were good at their job and that they were fun to be around'.

The inspector had the opportunity to speak directly with one family representative over the phone as part of this inspection process. The parent said they had "absolutely no concerns". They explained if they did have a concern or an issue that they would have no problem contacting the staff and they felt they would be listened to. They believed that the centre suited their family member "down to the ground" and they felt staff knew their family member well. They communicated that they felt staff were very kind and that staff have very individualised conversations depending on people's support needs.

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 announced and was undertaken following the provider's

application to renew the registration of the centre. This centre was last inspected in August 2023. From a review the actions from the previous inspection, the inspector found that they had been completed by the time of this inspection.

On this inspection, it was demonstrated that the provider had the capacity and capability to provide a good quality service that met the assessed needs of residents.

There were management systems to ensure that the service provided was safe, consistent and monitored. For example, there was a defined management structure in place and a full-time person in charge was employed. The provider had arrangements for an annual review to be completed in 2023 as per 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 inspector reviewed a sample of rosters and they demonstrated that there were adequate staffing levels in the centre to meet the needs of the residents. From a review of three staff personnel files, the inspector found they contained the information set out in Schedule 2 of the regulations.

The inspector found that there were mechanisms in place to monitor staff supervision and training needs and to ensure that adequate training levels were maintained. For example, staff received training in fire safety.

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity in the organisation and had the necessary experience and qualifications to fulfil the role. For example, they were a qualified in social care practice. They managed two centres within the organisation and split their time between both. They were supported in the role within this centre by a team leader.

The person in charge demonstrated that they were familiar with the residents' care and support needs. For example, they were able to inform the inspector of any resident who had additional support needs.

Two staff spoken with communicated that they would feel comfortable going to the person in charge if they were to have any issues or concerns and they felt they would be listened to.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing levels available, with the required skills and experience to meet the assessed needs of residents.

A sample of rosters were reviewed for just over a three month period from July to part of October 2024. They demonstrated that there was sufficient staff in place at the time of the inspection to meet the assessed needs of the residents. There was a planned and an actual roster in place maintained by the person in charge.

The two staff on duty on the day of the inspection were found to be knowledgeable as to residents' needs and preferences.

The inspector reviewed a sample of three staff personnel files. They contained the information required in Schedule 2 of the regulations. This included Garda Vetting dated within the last three years which demonstrated safe recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the training matrix for all training completed and reviewed a sample of the certification for six training courses for all staff including the relief staff that worked in the centre. This demonstrated to the inspector that, staff had access to necessary training and development opportunities. Staff had each received training in key areas, for example safeguarding and fire safety, as well as additional training specific to residents' assessed needs. For example, staff were trained in areas, such as:

- medication management
- epilepsy awareness and emergency epilepsy medication
- first aid
- eating, drinking and swallowing
- staff also received a range of training related to the area of infection prevention and control (IPC), for example hand hygiene.

Staff were scheduled to undertake training in Autism on 22 October 2024 in order to better support and understand the needs of respite users who had Autism.

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in 'what residents told us and what inspectors observed' section of the report.

The inspector also reviewed three staff supervision files and spoke with the person in charge with regard to supervision sessions. The inspector observed that since the inspection in another of the provider's centres, the provider had put in place a guidance document on the frequency at which supervision sessions should take place. The person in charge communicated that the guidance would be implemented

into the policy related to staff development and in the meantime the guidance document was devised to guide managers. From the records reviewed, this indicated that there were formalised supervision arrangements in place and sessions appeared to be occurring in line with the frequency as laid out in the guidance document. The sessions were found to provide staff with opportunities to raise concerns if necessary.

Judgment: Compliant

Regulation 23: Governance and management

It was demonstrated on this inspection, that the provider had appropriate systems in place to meet the specific requirements of Regulation 23, in terms of caring out an annual report, six-monthly provider led audit, consultation with residents and families and ensure that the centre was monitored.

There was a defined management structure in the centre which consisted of a team lead and the person in charge who reported to the area manager. One staff member spoken with was familiar with the reporting structure of the centre and organisation.

The provider had carried out an annual review for 2023 of the quality and safety of the service provided as per the regulations. There were arrangements for auditing of the centre carried out on the provider's behalf on a six-monthly basis. There were other provider led and internal centre audits completed to assess the quality of the care provided and to provide appropriate oversight of the centre.

There were annual audits managed by the quality and standards team for the organisation in areas, for example:

- personal planning
- medication
- finance
- health and safety which was last completed in September 2024

While the majority of actions from audits were found to be complete, the inspector found that the provider's admission and discharge policy was still in draft format and it was overdue for completion since January 2021. However, this was actioned recently in another centre run by the provider and the provider had arranged for the organisation's board to meet on 3 October 2024 to review and sign off on the policy if they were satisfied with it.

The inspector reviewed the team meetings minutes since January 2024 and found they were occurring monthly and that shared learning was discussed with the staff team.

Judgment: Compliant

Quality and safety

Overall, this inspection found that the residents were receiving care in line with their needs and the centre facilitated the residents to have an enjoyable respite break. However, as previously stated some improvements were required in relation to individual assessment and personal plans and medicines and pharmaceutical services.

For the most part there were suitable arrangements in place with regard to medicines management. However, some improvements were required, for example to the stock control oversight document.

Residents were being supported with their identified support, emotional and communication needs. However, the inspector noted that improvements were required to ensure personal plans contained all applicable information, to ensure an assessment of need was completed for all residents and to ensure that where applicable that goals are progressed during respite stays.

From a review of the safeguarding arrangements, the provider had arrangements in place to protect residents from the risk of abuse, for example there was an organisational safeguarding policy in place that was recently reviewed in August 2024.

The inspector completed a walkabout of the centre and it was observed to be clean and tidy.

There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, risk assessments and associated control measures were in place for identified risks. Additionally, there were suitable fire safety management systems in place, for example regular fire evacuation drills were practiced to ensure residents could be safely evacuated from the centre if required.

Regulation 10: Communication

Communication was appropriately facilitated for residents in accordance with their needs and preferences. For example, from a review of three residents' files they had documented communication needs which had been assessed by relevant professionals. While one communication plan did not contain all relevant information from a speech and language therapist (SLT) this is being dealt with under Regulation 5: Individual assessment and personal plan.

Staff had received additional training in relation to simplified sign language and there were visuals available of activities and food options to support communication. There was a visuals board displayed in the kitchen to display choices made and to inform the residents which staff was on duty.

A staff member spoken with was clear as to how residents communicated and how staff should communicate with them.

On review of other arrangements in place to meet the requirements of this regulation, the inspector observed that the residents had access to the televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 17: Premises

The layout and design of the premises was appropriate to meet residents' needs. The facilities of Schedule 6 of the regulations were available for residents use. For example, Residents had access to cooking and laundry facilities. Each resident had their own bedroom for their stay and bedrooms were of a suitable size with adequate storage available for their personal belongings.

The premises was found to be in a state of good repair and it was found to be clean, tidy and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management arrangements ensured that risks were identified, monitored and regularly reviewed. These included measures to manage infection control risks. The person in charge maintained a risk register for the designated centre which was reflective of the presenting risks. Risks specific to individuals, such as choking risks, had also been assessed to inform care practices.

From a review of a sample of incidents in the centre in 2023 and 2024, the inspector was assured that they received appropriate review and additional control measures as required. For example, after a resident had a choking incident they received a review from and SLT to ensure their care supports were still appropriate for their needs.

Additionally, there was a policy on risk management available last reviewed in September 2024 and there was a centre specific safety statement in place.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment. The inspector observed each of which was serviced as required. For example, there were fire extinguishers in place and they had received an annual service in May 2024.

The inspector reviewed a sample of three of the residents' personal emergency evacuation plans (PEEP). They were observed to be reviewed within the last year and provided information to guide staff regarding any evacuation supports required.

Fire evacuation drills were occurring monthly or sooner if required. The inspector reviewed the documentation of the last ten drills and they included an hours of darkness drill and listed scenarios of where the fire started.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that for the most part there were adequate arrangements in place for medicines management within the centre. Prescribed medicines were dispensed to the resident by their local pharmacy and came into the centre with the resident when they were attending on a respite break. They were found to be appropriately stored in a locked medication cabinet within the centre.

The inspector reviewed two residents' medication stock counts in the presence of the person in charge and they were found to be correct and had pharmacy labels attached to support correct administration as prescribed.

Staff reviewed and signed in medication into the centre when it was received and was signed back out when returned home with the resident. However, from a review of the medication stock control form it was not evident, when completing a stock intake, if staff were comparing the pharmacy labels and kardex prescription form against incoming medicines. This oversight check would help to ensure that medicines matched their prescription and that all required medicines were accounted for in order to minimise the potential for medication errors. The person in charge assured the inspector that the form would be amended to include the additional checks.

From a review of two medication prescribing kardexs, the inspector observed that they were not reviewed within time frames considered best practice. This was in order to ensure that staff and residents were administering medication from a valid

prescription sheet. For example, one kardex was last reviewed in October 2023.

The inspector reviewed a sample of two assessments of capacity to self-administrate medication documents for two residents. While the assessments were observed to be in place, the provider had not ensured that an associated risk assessment had been conducted for each resident who wished to self-administer their medication to ensure they were appropriately supported to do so.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

For the most part, the inspector found that the provider had appropriate arrangements in place with regard to individual assessments and personal plans. There were personal plans in place for any identified needs with clear information as to supports required. For example, where residents required modified diets or had epilepsy, there were corresponding plans in place to guide staff on what supports residents' required. The majority of plans reviewed were observed to have been reviewed at intervals to ensure accuracy. However, the system the provider had in place did not appear to facilitate review of all aspects of personal plans to show they were reviewed within the last year, as some plans had multiple sections associated with them. Therefore, it was not always evident to the inspector if the entire plan had received an annual review. For example, from the date provided, one area of a resident's transport plan appeared to have been last reviewed in June 2021. In addition, the attendees and meeting notes of such annual reviews were not made available to the inspector. The person in charge confirmed the plans had been reviewed annually and the information was still accurate.

Additionally, one communication support plan did not include guidance, from an SLT, for staff when speaking with a particular resident to not use certain words when joining sentences. This had the potential to impact on the resident's ability to understand the information being provided to them.

The centre staff appeared to know the residents well and some checks were completed with families in advance of the residents next respite break to see if there were any updates since their last stay. However, the provider had not ensured that there was a comprehensive assessment of the health, personal and social care needs of each resident carried out prior to the person's original admission and annually there after. Assessments were carried out informally from talking to families or what was known from the day service as the respite users attended day programmes run by the provider. The centre staff updated care plans as they got to know the residents further. At a previous inspection of another of the provider's centres, the inspector was informed that the provider had an assessment of need document in draft format that was currently being worked on. However, at the time of this inspection it was not in place or being trialled in this centre.

Furthermore, from a sample of two residents' goals, while residents were being supported with goal setting through their day service programme it was not clear to the inspector, what part the respite centre was playing to support residents to achieve their goals. For example, one resident had a goal to be supported to set up an account on a ticket purchasing website which was due to be completed by July 2024. Another resident was due to complete a number of online courses required as part of their part-time job due to be completed by August 2024; however, they were not completed by the time of this inspection. The person in charge communicated that they weren't sure why the goals were not completed or what supports the respite centre were providing in supporting the resident to achieve those goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. They found from a review of documentation, from speaking with the person in charge and a staff member, that the provider had appropriate arrangements in place.

It was observed that, the person in charge was promoting a restraint free environment in the centre and there were no restrictive practices in use in the centre.

Residents were supported with behaviours that may cause distress to themselves or others. Where applicable, residents had a positive behavioural support plan which was reviewed by the clinical team.

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. There were clear lines of reporting and any potential safeguarding risk was escalated and investigated in accordance with the provider's safeguarding policy. Potential safeguarding risks were reported to the relevant statutory agency and where necessary, a safeguarding plan was developed.

One staff spoken with was clear on what to do in the event of a safeguarding concern. For example, with regard to a disclosure or a peer-to-peer incident.

From a sample of two residents' finance documentation, the inspector observed that

their finances were checked by staff at both the start and end of a resident's respite break and anytime money was spent to ensure their money was accounted for and safeguarded. In addition, there were financial support plans in place and residents were observed to be consulted with to see if they were happy with the arrangements in place.

The inspector also reviewed a sample of three intimate care plans and they guided staff as to what supports residents may require in that area.

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	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Prosper Fingal Residential Respite Service 2 OSV-0003395

Inspection ID: MON-0036398

Date of inspection: 25/09/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: (a) The medication stock control form will be amended to capture how staff compare the pharmacy labels on medication and the prescription sheet against incoming medicines. (b) The day service key workers will be instructed to ensure Prescriptions are reviewed every six months, as per Prosper policy. (c) Risk assessments will be carried out with each resident who self-administers their medications.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: (a) The Assessment of Need currently in draft will be completed and implemented within the residential respite service. (b) Residential respite staff will be instructed (1) to review each resident's Assessment of Need as required, but at a minimum annually and (2) to evidence same on the client data management system. (c) The day service key workers will be instructed (1) to liaise more closely with residential respite staff about supporting resident personal goals and (2) to evidence same on the client data management system. (d) The day service key workers of the resident's whose goals were overdue will be instructed to update the goals as achieved or unachieved on the client data management system. (e) The day service key worker will be instructed (1) to amend resident's communication support plan in respect of SLT guidance and (2) to inform the residential respite service of updates.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/11/2024
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for	Substantially Compliant	Yellow	31/12/2024

	his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	30/11/2024
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/11/2024
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal	Substantially Compliant	Yellow	31/10/2024

	plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/10/2024