



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

Issued by the Chief Inspector

Name of designated centre:	Tall Timbers
Name of provider:	GALRO Unlimited Company
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	23 July 2024
Centre ID:	OSV-0005298
Fieldwork ID:	MON-0043907

About the designated centre

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

The centre provides residential care and support to six residents aged 18 years and older with disabilities. The centre comprises of a large six-bedroom two-storey detached house in Co. Westmeath and in close proximity to a number of towns and villages. Each resident has their own large bedroom (one en-suite) which is decorated to their individual style and preference. Communal facilities include two large fully furnished sitting rooms, a large well-equipped kitchen/dining room, a utility facility, an entrance lobby, communal bathrooms, a staff office and a staff sleepover room. There is also an outhouse provided to the residents where they can have family over for visits, engage in hobbies of interest such as exercise activities and playing drums. The centre has a large private parking area to the front of the property and a two acre back garden which is fully equipped with garden furniture, swings and a trampoline for the residents to avail of. Private transport is provided to residents so as they can avail of trips to town, go on holidays and social outings. Systems are in place so as to ensure the assessed needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a full-time person in charge who is supported in their role by a team of social care and healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 23 July 2024	09:50hrs to 18:00hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were very positive. It demonstrated that residents were content in their home and enjoyed a good quality of life.

However, some minor improvements were required with regard to medicines and pharmaceutical services oversight in relation to medication stock within the centre. This will be discussed in more detail later in the report.

The inspector had the opportunity to meet all six residents that were living in the centre. During the course of the inspection, all the residents spent part of their day in the house or in the garden and later attended an outing at a sensory garden. In addition, one resident attended an external music class.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection in their home.

One resident briefly spoke with the inspector and communicated that they were happy and had no concerns. They said the food was nice and jovially said that one particular staff was the best cook.

Over the course of this inspection, the inspector observed the seven staff members on duty and the person in charge to use relaxed communication when speaking with the residents. Some staff were observed to engage a resident in conversation of their preferred topics, for example their favourite sports team.

Residents were observed to appear very relaxed and comfortable in their home and in the presence of staff. For example, the inspector observed one resident give a high five to a staff member.

The provider had arranged for staff to have training in human rights. One staff member spoken with said that the training helped them focus on promoting choices and ensure that the residents' rights are upheld. They gave an example of the recent elections and said that the residents had the right to vote. They communicated that key-working sessions were completed with the residents about the elections and what it meant. One resident decided they would like to vote and was supported by staff to do so.

The inspector observed the house to be very tidy. Each resident had their own bedroom and there was adequate storage facilities for personal belongings. Each room was individually decorated to suit the preferences of each resident.

There was a front and large back garden accessible to residents. There was garden seating available, different types of swings, a built in trampoline, football goals and

a basketball net available for use. There was an outside garden room which could be used as a second sitting room or private visiting space. It had a drum set and some sensory items in it.

The provider had sought residents' and family representatives' views on the service provided by way of questionnaires as part of the annual review. Residents were supported to complete the questionnaires with the help of staff representatives and all feedback was positive. Communication received from family representatives demonstrated that people were for the most part very happy with the service. For example, one family member said that they felt very much included in decisions and updates regarding the care and support needs of their relative. They were content with the excellent level of communication and felt very much informed on a day to day basis. Another stated that they felt their relative got the very best care in the centre. Another said that the staff were excellent in matters of safety. They said that they felt their relative was always treated with great respect and dignity and that there was a great rapport with staff. One parent did raise a few areas that they would like to see improvement in. The inspector observed that those issues were taken seriously and follow up was completed with the family member to resolve the issues to their satisfaction.

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 was returned by the resident themselves with support to answer from staff. Each question was ticked yes to represent that they were happy with all aspects of the care and supports provided in the centre.

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 January 2023 where an infection protection and control (IPC) only inspection was undertaken. It was observed at that inspection that there were good arrangements and practices in place to manage infection control risks.

There was a statement of purpose in place that contained the information as required by Schedule 1 of 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). In addition, the provider had ensured that the centre was adequately insured against risks to residents.

There were effective management arrangements in place that ensured the safety and quality of the service was consistent and closely monitored. For example, there

was a full-time person in charge and the provider completed six monthly unannounced visits to the centre to assess compliance levels.

The inspector reviewed a sample of rosters and they demonstrated that there were sufficient staff on duty to meet the needs of the residents.

There were systems in place to monitor and facilitate staff training and development. For example, staff were receiving formal supervision and had access to training, such as epilepsy awareness.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Registration Regulation 5: Application for registration or renewal of registration

The provider had made an application for the renewal of registration for the designated which contained all of the information as required by registration Regulation 5, for example an up-to-date statement of purpose was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They held a qualification in social work and they were employed in a full-time capacity within this centre. They demonstrated that they were familiar with the residents' care and support needs. For example, they discussed the evolving support needs and strategies that one resident required since moving to the centre.

Two staff members 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

A sample of rosters were reviewed over a two month period from June to July 2024. They indicated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents and support the residents to have a meaningful

day. There was a planned and an actual roster in place maintained by the person in charge.

Staffing arrangements, such as workforce planning, took into consideration any changing or emerging needs and schedules of the residents, for example appointments and home visits.

The inspector observed that, residents were assigned specific staff on a daily basis in order to ensure that the staff member would provide focused care and attention to that resident that they were assigned to. In addition, the inspector observed that on many occasions the provider had arranged for an additional floating staff to be rostered during the day in the centre to be of assistance to residents should they require it.

From speaking with the staff on duty and the person in charge the inspector found that they were familiar with the residents care and support needs. The residents appeared comfortable in their company. For example, when the inspector arrived to the centre, some residents were observed completing table top activities with their assigned staff in the kitchen.

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. This demonstrated to the inspector that staff received a suite of training in order for them to carry out their roles effectively. For example, staff were trained in areas, such as:

- fire safety training
- safeguarding adults
- self-injurious behaviour
- medication management
- cardiac first responder
- staff also received a range of training related to the area of IPC.

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. They demonstrated that the supervision arrangements were occurring in line with the provider's policy. They were found to facilitate staff development and opportunities for staff to raise concerns if necessary.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was adequately insured against risks to residents and property. From a sample of three residents' documentation, the inspector observed key-working sessions were completed with the residents whereby the centre's insurance was discussed with them.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were suitable governance and management systems in place. There was a defined management structure in the centre which consisted of a person in charge and the head of care who was the person participating in management for the centre.

There was an on-call system in place for evenings and weekends for the organisation for when staff members required assistance or advice. One staff spoken with was clear as to the lines of reporting including the on-call system when required.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations. There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, staff completed some weekly reviews of the files kept in the centre. There were weekly medication audits as well as a bi-annual audit and an annual external audit completed by a pharmacist. This was to ensure that any identified issues would be rectified or escalated within in a timely manner.

From a review of the most recent team meetings since January 2024, they demonstrated that they were taking place monthly and incidents were reviewed for shared learning with the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider prepared a statement of purpose which was up to date, accurately described the service provided and contained all of the information as required by

Schedule 1 of the regulations. For example, it described the specific care and support needs the centre intended to meet.
Judgment: Compliant
Regulation 34: Complaints procedure
<p>From a review of the complaints procedure, it was evident that there were adequate arrangements in place for dealing with complaints. For example, there was a complaints policy, and associated procedures in place. There were designated complaints officers nominated for both the centre and the organisation.</p> <p>There were two complaints in 2023 and one to date in 2024. Any complaints made had been suitably recorded, reviewed and resolved.</p> <p>The centre had received one compliment from a family representative in June 2024. They communicated that they were delighted with the service and that they could not think of a better place for their relative.</p> <p>Complaints made were discussed at the team meetings for shared learning and consistency among the staff team, for example the meeting in September 2023.</p>
Judgment: Compliant
Quality and safety
<p>Overall, the inspection found that the residents were receiving a good standard of care that was supported by a staff team who were familiar with their assessed needs. However, as previously stated some improvements were required in relation to medicines and pharmaceutical services.</p> <p>From a review of medicines management, the inspector observed that for the most part there were suitable arrangements in place. For example, medicines with a shorter shelf life once opened had the date of opening recorded to ensure they would be used within recommended time frames. Some improvement was required with regard to the medicines stock count of medicines receipted into the centre.</p> <p>Residents were being supported with their healthcare and emotional needs and were being communicated with using their preferred communication methods. Residents had access to allied health professionals as required. For example, residents had access to an occupational therapist (OT) when needed.</p> <p>The inspector reviewed restrictive practices in use in the centre, for example some</p>

residents had particular seating positions in the centre vehicles. This was assessed as necessary for the safety of the residents and subject to review.

From a review of the safeguarding arrangements in place, the provider had arrangements in place to protect residents from the risk of abuse, for example staff had received training in adult safeguarding.

Residents' rights were found to be respected in the centre, for example through regular key-working sessions completed with them. The inspector observed that, residents were supported to have meaningful days in line with their personal preferences.

The inspector observed the premises was clean and the facilities of Schedule 6 of the regulations were available for residents use. For example, rooms were of a suitable size and layout suitable for the needs of residents.

There was a residents' guide that contained the required information as set out in the regulations.

There were systems were in place to manage and mitigate risk and keep residents safe in the centre. For example, there was an organisational risk management policy in place. Additionally, there were suitable fire safety management systems in place, which were kept under ongoing review. For example, the fire detection and alert system was serviced quarterly by an external professional.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. For example, the inspector observed picture cards in the kitchen that were used to support individuals to express their emotions.

From a sample of two residents' communication documentation, the inspector observed that they had clear documented communication needs which had been assessed by relevant professionals.

From a review of the training matrix and from speaking with a staff member, staff had received additional training in relation to specific communication techniques used by residents. For example, staff were trained to use signs from a manual signing system. The staff member spoken with demonstrated an in-depth knowledge of these needs and could describe the supports that residents required.

In addition, the inspector observed that the residents had access to the radio, televisions, phones and Internet within the centre.

Judgment: Compliant

Regulation 13: General welfare and development

The person in charge had ensured that residents had access to opportunities for leisure, recreation and education.

Residents were supported to attend courses that may be of use or interest to them. For example, one resident was supported to consider a number of educational courses and they decided to undertake a computer course. Residents had participated in an educational, life and holistic skills program in 2023.

The inspector reviewed the activity planners for two residents from May to June 2024 that demonstrated their daily recreation and activities that they participated in. From the sample reviewed, residents were observed to participate in activities based on their interests. For example, playing sports like basketball and football, doing art, going horse riding, attending pet farms, going swimming, and having lunch out.

One resident was supported with their goal of attending a stadium tour in Liverpool. Staff were observed to support the resident with this goal by initially completing the tour virtually in order to prepare them for it. Staff completed a number of key-working sessions with the resident in advance of the trip to help ensure it was successful for the resident.

Residents were encouraged and facilitated to keep in contact with their family through visits, for example some residents visited their family home on a weekly basis.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be tidy and clean. The house was observed to be well maintained on the day of this inspection. Residents had access to cooking and laundry facilities.

There was adequate space for the residents, for example there were multiple communal areas. Communal areas included, two sitting rooms and what the provider called a 'chill out' room. There was a large walking path in the back garden and the back garden had lots of space and equipment for recreation. For example, a trampoline which the inspector observed a resident to use on the day of this inspection.

Each resident had their own bedroom. They were decorated in line with the residents' preferences, for example there were personal pictures and certificates displayed in some bedrooms and others were kept with minimal excess items.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations. For example, the guide gave information with regard to the procedure for respecting complaints and the arrangements for visits to the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were adequate systems in place to manage and mitigate risk and keep residents safe in the centre. For example, there was a policy on risk management available that was last reviewed in January 2023.

A risk register was maintained for the designated centre which was reflective of the presenting risks. Risks specific to individuals, such as a choking risks or violence and aggression, had been assessed and control measures identified.

The inspector reviewed a sample of incidents that occurred in the centre since January 2024. They were found to be suitably recorded, escalated if required and responded to. The organisation's behaviour therapist reviewed incidents that related to behaviour on a weekly basis. The person in charge reviewed incidents and completed learning logs for all incidents on a monthly basis. Learning from incidents was shared with the staff team were appropriate.

The centre's vehicles were observed to be taxed, insured and were not due yet for a national car test (NCT) due to their age.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and firefighting equipment, each of which was regularly serviced. Staff completed a range of daily and weekly fire safety checks, for example to ensure escape routes were clear for evacuation if required.

The inspector reviewed a sample of two of the residents' personal emergency evacuation plans (PEEP) and they were observed to be up to date and provided

clear information to guide staff regarding any evacuation supports required. Regular fire evacuation drills were taking place and the inspector reviewed the documentation of the last five drills. They contained details of scenarios used that recorded the possible source of the fire. An hours of darkness drill was observed to be completed with maximum resident numbers and minimum staffing to demonstrate that staff could safely evacuate residents.

While two emergency lights were observed to not be working and one fire containment door would not close fully by itself, the provider arranged for these to be fixed on the day with evidence shown to the inspector.

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 by a local pharmacy and found to be appropriately stored in a locked medication cabinet.

The inspector observed, from a review of two residents' medicines documentation, that an up-to-date prescription was on file for them that listed the details of the medicines they were prescribed. Medicines were observed to have pharmacy labels attached to support correct administration as prescribed.

The inspector reviewed two residents' medication stock counts in the presence of the person in charge and some of the stock for one resident was observed to be incorrect. In addition, from a review of the medication stock control form it was not evident if staff were reviewing that the pharmacy labels for incoming medicines matched their prescription. Furthermore, while some medication was received in a blister pack system there was limited guidance to support staff to compare the medication received to ensure it was in fact the correct medication and dosage prescribed. The inspector observed some pictures on file of what the medication should look like. However, sometimes the pictures were not fully clear to make out the medication or only represented one side of the medication and not all medication was represented by the pictures. These identified areas had the potential that some medication errors may occur and may not be identified.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified, for example a sample of

two residents' files demonstrated that residents had an annual healthcare review completed by their general practitioner (GP).

Healthcare plans outlined supports provided to residents to experience the best possible health, for example an epilepsy care plan was in place as required. From a review of the two residents' files, it was evident that residents were facilitated to attend appointments with health and social care professionals as required. For example, they were supported to attend a dentist, an occupational therapist and a chiropodist.

On review of other arrangements in place to meet the requirements of this regulation, it was observed from the two files reviewed that residents were supported to avail of vaccinations, for example the flu vaccine.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the arrangements for positive behavioural support. They found from a review of two residents' files and speaking with two staff members and the person in charge, that the provider had suitable arrangements in place for oversight and for supporting residents in this area.

Residents were supported to experience best possible mental health and where required had access to the support of allied health professionals. Where applicable, residents had a positive behavioural support plan in place which was reviewed by a behaviour specialist. A staff member spoken with was familiar as to the steps to take in order to support a resident in times of distress that was in line with the resident's positive behavioural support plan.

The registered provider had systems in place to ensure that where restrictive practices were used, for example a locked chemical press, that there was good governance over these practices to ensure that they were the least restrictive measure for the shortest duration. For example, there was a restrictive practice committee in place that was responsible for reviewing restrictive practices on a six monthly basis.

Judgment: Compliant

Regulation 8: Protection

There were adequate systems in place to safeguard residents. For example, there was an organisational adult safeguarding policy in place last reviewed in January

2023 and staff were trained in adult safeguarding.

One staff spoken with was clear on what to do in the event of a safeguarding concern. Potential safeguarding risks were reported to the relevant statutory agency and a safeguarding plan put in place in order to minimise the chances of further safeguarding risks to the residents.

From a sample of one resident's finance documentation, the inspector observed that their finances were regularly checked by staff. The person in charged completed monthly checks to ensure their money was appropriately accounted for and safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was being operated in a manner that promoted and respected the rights of residents.

The inspector observed that residents were kept informed of situations that may impact them. For example, a key-working session was individually completed with each resident to explain this upcoming HIQA inspection and what it meant. The inspector also observed evidence of key-working sessions completed with residents in advance of starting new medication or when there was a water outage in the area and what that meant for them.

There were weekly residents' meetings taking place to support the residents to make choices and keep them informed. Different topics were observed to be discussed including fire safety, maintenance, activity and food choices.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tall Timbers OSV-0005298

Inspection ID: MON-0043907

Date of inspection: 23/07/2024

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
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The centre's "Medication received from the pharmacy" form has been updated to ensure pharmacy labels are checked on all incoming medicines and a total medication in centre stock count is completed when new medication is received.</p> <p>The provider has contacted the supplying pharmacy to discuss alternative arrangements to ensure all medication in the centre is clearly identified on the blister packs and or Kardex for each resident.</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.	Substantially Compliant	Yellow	23/09/2024