



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

Issued by the Chief Inspector

Name of designated centre:	Listowel Accommodation Service
Name of provider:	The Rehab Group
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	30 October 2024
Centre ID:	OSV-0005892
Fieldwork ID:	MON-0036860

About the designated centre

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

Listowel Accommodation Service consists of a large detached bungalow with an attached annex located in a rural area but within short driving distances to some towns. This designated centre provides residential care for up to five male residents over the age of 18 with intellectual disabilities, Autism and mental health needs. The bungalow can support four residents while the annex is for one resident. Each resident has their own bedroom and other rooms in the centre include bathrooms, kitchen-dining rooms, a sitting room, a living room, a utility room and a staff office. Residents are supported by the person in charge, a team leader and care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 30 October 2024	09:40hrs to 18:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents had been provided with a homelike and well-presented centre to live in. Residents' home was commented upon positively in surveys completed by all residents. Such surveys included positive responses on staff support also with staff on duty seen to support residents appropriately during this inspection.

Five residents were living in this centre which was made up of a main house for four residents and an adjoining annex apartment for one resident. During this inspection, four of these residents were met by the inspector. The fifth resident was attending day services when the inspection commenced and had not returned to the centre by the end of the inspection. The inspector did get an opportunity to read a survey that this resident completed with the support of a staff member to get a sense of this resident's views on life in the centre.

All residents had completed these surveys, with staff support. These surveys had been issued to this centre in advance of this announced inspection and asked questions on various areas covering life in the centre. Respondents were given an opportunity to indicate answers of 'yes', 'no' or 'it could be better'. Overall, the five surveys indicated 'yes' answers for the vast majority of questions. This indicated positive responses in all areas that included food, safety, money, visitors, activities and staff support.

The only question that had not been answered in all five surveys related to sharing of bedrooms but this question was not applicable to residents as all had their own individual bedrooms. Four of these were seen by the inspector and were noted to be nicely furnished. The rest of the centre, which included communal areas like a sun room and the apartment annex, was also observed to be clean, well-furnished and well-maintained. Some Halloween decorations had been put up which contributed to a homely feel while it was also mentioned that residents would be having a Halloween party the day after this inspection. One resident was also due to attend a friend's birthday party on the same day.

On the day of inspection, all residents left the centre at least once to participate in some activities. These included going shopping, to go for a drive to a beach, to go boxing, to visit relatives and to get a massage. Documentation reviewed and discussions with staff members indicated that residents also did things like visit a donkey sanctuary, go to parks and go to the cinema. As mentioned earlier one resident was attending their day service when the inspection commenced. The inspector was informed that assessments were to be completed with a view for two more residents to gain access to a day service as it was felt that this could benefit them.

Of the four residents that were met during this inspection, one of these did not interact with the inspector. Near the end of the inspection, the inspector was informed that another resident, who was not met during the initial hours of the

inspection, did want to meet the inspector. When the inspector went to the resident in their bedroom, they said the word "space". The person in charge informed the inspector that this meant that the resident wanted their space. As such the inspector respected this request and did not meet this resident again before the end of the inspection.

The remaining two residents did interact with the inspector. One of these residents shook the hand of the inspector on a number of occasions. The resident was heard saying "up Cork" many times during the inspection and they also commented regularly on the inspector's haircut. Aside from this though, the inspector did find it difficult to understand some of what the resident was saying at times. However, whenever this resident was seen during the inspection they appeared quite cheery and at one point during the inspection was overheard singing along to a song.

After the inspector overheard this, he got an opportunity to chat with the other resident. This resident had moved into the centre in recent months and told the inspector that they moved right in without visiting beforehand. As with the previous resident, the inspector did have some issues in clearly understanding what the resident was saying. However, in response to questions asked by the inspector, the resident indicated that they liked living in the centre, liked their bedroom, felt safe, and liked the staff supporting them. It was observed throughout the inspection that staff on duty interacted with residents in a warm and respectful manner.

In summary, positive feedback was contained in the five surveys reviewed by the inspector. While some residents did not engage with the inspector, one resident indicated that they liked living in the centre while another seemed cheery during the inspection. The centre where residents lived was seen to be homely.

The next two sections of the report present 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 service being delivered.

Capacity and capability

An overall good level of compliance with the regulations was found during this inspection. This indicated that there was appropriate governance, management and monitoring arrangements for this centre.

This centre was registered until April 2025 and had been previously inspected by the Chief Inspector of Social Services in January 2024 where an overall good level of compliance was found. In October 2024, the provider submitted an application to renew the registration of the centre for a further three years. In order to inform a decision on whether to grant this application or not, the decision was made to conduct the current inspection to assess the compliance levels in more recent times. Given the relative recency of the January 2024 inspection, the current

inspection sought to follow up on actions from the previous inspection and to also consider some regulations that had not been assessed then. The overall findings of the current inspection, indicated that strong compliance with the regulations had been maintained. This had been contributed to by the overall governance, management and monitoring arrangements in operation.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the centre in a timely manner which included the majority of the required supporting documents. However, up-to-date evidence of Garda Síochána (police) vetting had not been submitted for one person participating in management at the time of this inspection.

Judgment: Substantially compliant

Regulation 14: Persons in charge

Based on documentation reviewed in advance of this inspection, the person in charge appointed for this centre had the necessary experience and qualifications required by this regulation to fulfil the role. During this inspection the person in charge ensured that all documents requested by the inspector were provided. The person in charge was responsible for this designated centre only and had been appointed in September 2024. However, they had worked in the centre as the person in charge previously so had a good knowledge of the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

This regulation requires that a centre's staffing arrangements must be in keeping with the needs of residents and the centre's statement of purpose. Based on rotas reviewed and discussion with staff and management, the staffing arrangements being provided in the centre were consistent with the requirements of this regulation. Planned and actual staff rotas were being maintained for this centre. The inspectors reviewed such rotas from August 2024 until the date of this inspection. These rotas indicated that there was a core staff team in place which promoted consistent care for residents although some agency staff (staff sourced from external body) had worked in the centre on occasion.

Specific documentation relating to all staff working in a centre (included agency staff) must be obtained. This documentation includes written references, full

employment histories, evidence of registration with professional bodies, and evidence of Garda vetting. During this inspection the inspector reviewed staff files relating to two agency staff and two staff employed directly by the provider. Upon initial review of these most of the required documents were in place but some minor issues were noted relating to references and an unexplained employment gap. These were addressed on the day of inspection after being highlighted to the person in charge.

Judgment: Compliant

Regulation 16: Training and staff development

Under this regulation staff must be appropriately supervised with a supervision schedule read by the inspector indicating that staff working in this centre had been the subject of formal supervision during 2024. The same schedule also highlighted how such staff had further formal supervisions scheduled for December 2024. A training matrix provided following the inspection indicated that the majority of staff had completed in-date training in various areas to support residents. It was highlighted though some training had been identified to support the needs of a newly admitted resident. While much of this training had been delivered, some staff needed training in certain areas at the time of this inspection. Despite this, it was acknowledged that training dates in these areas had been booked for November 2024 and January 2025.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for this centre which was made available for the inspector to review. It was found that this directory contained all of the required information such as residents' names, residents' dates of admission to the centre and details of residents' general practitioners.

Judgment: Compliant

Regulation 22: Insurance

The registration renewal application submitted for the centre included documentary evidence of appropriate insurance arrangements for this centre.

Judgment: Compliant

Regulation 23: Governance and management

An organisational structure was in place for this centre which was outlined in the centre's statement of purpose. Staff spoken with commented positive on support from local management while there was also an awareness from staff about an on-call system to provide out-of-hours support if necessary. Monitoring systems were in operation for this centre. These included weekly and monthly audits, annual reviews and provider six monthly unannounced visits to the centre. The inspector reports of the most recent annual review and six monthly unannounced visits as well as copies of some audits conducted in recent months. Such monitoring systems covered relevant matters although the inspector did observe notable difference in the amount of information contained in an April 2024 provider unannounced visit report compared to one done in October 2024. Irrespective of this, an overall good level of compliance was found during this inspection. This indicated that appropriate governance and monitoring systems were in operation for the centre with previous good levels of compliance found during inspections in April 2023 and January 2024 also.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Since the previous inspection in January 2024, there had been one new admission to the centre. A compatibility assessment reviewed indicated that potential safeguarding concerns had been considered before the resident was admitted. Documentation reviewed indicated that this resident had been offered the chance to visit the centre before being admitted but had declined this offer. However, the resident was shown a video of the centre while some of the existing residents had been brought to meet the newest resident before they moved in. The new admission had a contract for the provision of services in place which set out the services to be provided and fees to be paid. This contract was signed by the resident and the person in charge which indicated that it had been agreed.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose is an important governance document as it describes the services and supports to be provided to residents and which is required to be in

place for a centre. In advance of this inspection a copy of the statement of purpose had been provided with the registration renewal application. While this statement of purpose was mostly in order, some minor issues were noted. These were highlighted to the provider and in the days following this inspection, an amended statement of purpose was provided that contained all of the required information such as the information in the centre's registration certificate, the arrangements for residents to attend religious services and the criteria for admission.

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was on display in the centre. Since the January 2024 inspection, one complaint had been made by a resident. As required by this regulation, this complaint was documented with the record of this provided to the inspector. This record indicated how the complaint was responded to with the resident indicated as being satisfied with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

Under this regulations the provider is required to have specific policies in place and to ensure that such policies are reviewed at intervals not exceeding three years. The inspector was provided with copies of these required policies during this inspection with all found to have been reviewed within the previous three years although some were marked as last being reviewed in October 2021.

Judgment: Compliant

Quality and safety

While some regulatory actions were identified on this inspection, residents were found to be in receipt of quality and safe care while living in this centre. For example, no safeguarding concerns were highlighted during this inspection.

Since the January 2024 inspection, there had been one resident newly admitted to this centre. Prior to their move into the centre, an assessment of needs had been conducted for this resident. The outcome of this assessment was reflected in the resident's personal plan which was reviewed by the inspector. The inspector also

reviewed records which indicated that residents were being consulted with and given information in the centre. This was being done through residents' meetings but it was noted though the frequency of such meetings had varied in recent months. Aside from this, the inspector reviewed relevant safeguarding records which indicated that any matters of concern were being appropriately responded to. As such, no safeguarding concerns were identified during this inspection which was a positive development. Some minor regulatory actions were identified though relating to recording of goals, incident reporting and aspects of medicine managements. Despite these, good compliance levels were found relating to regulations that impacted the quality and safety of care and support provided.

Regulation 17: Premises

The premises provided for residents to live in was seen to be clean, well-furnished, well-maintained and homely. Appropriate toilet and storage facilities were provided. Communal areas provided included a sun room, kitchen-dining room and a sitting room in the larger part of the centre while the resident who lived in the annex apartment also had their own living room and kitchen-dining room. All five residents had their own individual bedrooms in the centre. Four of these were seen by the inspector which was found to be well-presented.

Judgment: Compliant

Regulation 18: Food and nutrition

Appropriate facilities were provided for food to be stored hygienically in. Resident meeting notes read by the inspector indicated that food in the centre was discussed with resident regularly. When reviewing the personal plan for one resident, it was seen that information on supporting the resident's nutrition was contained within it. Staff had completed training in food safety based on a training matrix provided following this inspection.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was provided for the centre that had been reviewed in October 2024. During the inspection process, the residents' guide was read by the inspector and found to contain all of the required information such as how to access inspection reports and a summary of the services and facilities provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that there was a risk management policy in place for this centre. The inspector reviewed a copy of this policy which had been reviewed in September 2023. This policy was found to meet the requirements of this regulation as it gave direction around the identification and assessment of risks along while also addressing specific risks such as unexpected absence. Aside from this the provider had a system in operation for the recording of any incidents occurring the centre. This is an important part of a risk management system. However, a provider unannounced visit in October 2024 had identified that not all incidents occurring in the centre were being recorded in a timely manner. While the inspector was informed that this matter had been raised with staff, incident records reviewed since the October 2024 provider unannounced visit highlighted that there had been some further incidents that had not been recorded in a timely manner.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

During this inspection it was found that appropriate facilities were present in the centre for medicines to be stored securely in. The inspector reviewed such facilities and generally noted them to well-organised although a box for storing one resident's medicines was observed to be cluttered compared to other similar boxes. When reviewing another resident's medicines the inspector noted that there were two boxes of a specific prescribed eye drop present both of which had been recently dispensed. Both of these boxes were opened but when looking in one of these boxes it was seen that there was a different brand of eye drop bottle present inside. While this was raised with centre management on the day of inspection, it was unclear where the correct bottle of eye drops were. It was also seen that some medicines had stickers on them which indicated when they were first opened and when they were to be discarded by. However, some of these dates did not correspond with the guidance information given for these medicines.

Aside from this all other medicines seen were found to be appropriately labelled and in-date. A sample of medicine records were reviewed for one resident which indicated that medicines were being given as prescribed. The same resident was also prescribed six PRN medicines (medicines only taken as the need arises). The inspector was informed that protocols for all such PRN should be in place to provide guidance on when these were to be given. When reviewing the resident's documents, only four PRN protocols were present. When queried, it was indicated that the other two PRN protocols for the resident were in the process of being

updated with the resident's general practitioner. Where any medicine errors had occurred that had been recorded with appropriate follow up action taken in response. Documentation reviewed for two residents indicated that they had been assessed to determine if they could self-administer their own medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the personal plan for the resident who had been admitted to the centre since the January 2024 inspection. From this the following was noted;

- Prior to the resident's admission, an assessment of their needs had been conducted as required by this regulation.
- There personal plan contained recently reviewed guidance on how to support the resident's needs in areas such as their mobility, nutrition and sleeping.
- The resident had not yet had a person-centred planning meeting but documentation reviewed indicated that one was scheduled with the resident for December 2024.
- In advance of this some goals had been identified for the resident. These included attending a football match and attending a barbecue. Goal review sheets indicated that some of these goals had been achieved or where being progressed.
- However, for some goals, it was not documented what progress had been made. For example, the resident had a goal to Dublin Zoo in August 2024. A review comment from October 2024 indicated that this had been discussed with the resident but it was unclear from this if the resident had gone to the zoo or not. When queried with local management, the inspector was informed that the resident had not gone to Dublin Zoo but had instead chosen to go somewhere else.

Judgment: Substantially compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection. Where any safeguarding incidents or allegations had arisen, documentation provided indicated that they had been appropriately screened with safeguarding plans put in place where necessary. Training records provided indicated that staff had completed relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout this inspection, staff members on duty were observed and overheard to be respectful and warm in their interactions with residents. For example, one staff member was heard asking a resident what food and drink they wanted to have for a meal. Documentary evidence reviewed also indicated that residents were regularly consulted on matters related to them. These included one-to-one meetings between individual residents and their assigned key-worker (a staff member specifically assigned to support a resident). Communal resident meetings had also been taken place on a weekly basis during September and October 2024. Based on notes reviewed of these meetings matters such as food and activities were discussed regularly with residents. In addition, residents had been informed of upcoming matters such as this inspection and a recent change in person in charge. It was noted though from meeting notes seen, that these resident meetings were occurring more infrequently before September and October 2024. For example, no meetings were held between 1 June 2024 and 30 July 2024.

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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Listowel Accommodation Service OSV-0005892

Inspection ID: MON-0036860

Date of inspection: 30/10/2024

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: <ul style="list-style-type: none"> • Garda Vetting for the PPIM was emailed to HIQA on the 14th November 2024. 	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> • The following training is required and scheduled for completion before the following dates: <ul style="list-style-type: none"> o Trauma Informed Training to be completed by 30th January 2025 o Catheter Training to be completed by 30th November 2024 	
Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

- The Risk Management Policy and incident reporting timeline will be discussed at the next team meeting scheduled for completion before 30th November 2024.
- Email will be sent to all staff to remind them of the importance of ensuring that incidents are reported in line with policy
- The PIC ensure all staff have access to the reporting system and are aware of how to use same by the 30th November 2024.

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

- Checking of medication labels and packaging of medication to be added to team leader checklist to be reviewed on a weekly basis by 30th November.
- The importance of reading and checking packaging of medication will be discussed with staff at upcoming November Team Meeting.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- A PCP meeting is currently being planned for completion by the 30th December 2024 with new resident.
- Action plans for the resident will be reviewed and updated by the team leader to reflect the current status of each action plan ahead of PCP meeting scheduled for December 2024.

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
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Substantially Compliant	Yellow	14/11/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to	Substantially Compliant	Yellow	31/01/2025

	appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/11/2024
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 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	31/12/2024

	review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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