



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

Issued by the Chief Inspector

Name of designated centre:	Aleana House
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	05 October 2023
Centre ID:	OSV-0002058
Fieldwork ID:	MON-0034803

About the designated centre

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

Aleana House is a purpose built bungalow located in an urban setting which includes sensory rooms and an indoor recreation area. The centre provides residential respite and also provides some day support. The centre caters for residents under the age of 18 years, both male and female, with an intellectual disability and/or autism who may also present with high medical/physical needs and/or behaviours that challenge. A maximum of four residents can avail of respite at any one time. Staff support is provided by nurses and care staff. The centre does not provide emergency respite.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 5 October 2023	10:30hrs to 16:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to monitor ongoing compliance with the Regulations and standards. Overall, the findings of this inspection were that the young people who availed of respite in this centre appeared content and comfortable when coming to the centre and engaged in activities they enjoyed. The young people stayed in a warm and comfortable house and were supported by a staff team that was familiar with their individual needs. The majority of Regulations reviewed were found to be compliant during this inspection with the exception of premises and fire safety, personal plans and medicines management.

The inspector arrived when the young people were in school and was welcomed by staff who were in the centre preparing for the respite stay. This centre offers respite to a maximum of four young people at any one time and on the day of inspection there were four individuals scheduled to begin a three night stay in the centre. The inspector had the opportunity to meet with all four young people on their arrival in the centre after school. Prior to the young people arriving the inspector had the opportunity to meet and spend time with the staff team and observe preparation activities.

On arriving to the centre after school the young people were supported to put their belongings into the rooms that they would be using for their stay. For some they immediately wanted to move about the centre and explore their environment and for others they were observed to lie on their bed or spend a quiet moment in their rooms. Staff supported the young people to engage in whichever activity they preferred. The inspector observed some young people working with the staff to put their belongings away and to check them off a list of items that had been sent in by their family or representative. In advance of their arrival the staff had prepared snacks and the evening meal that met the specific eating, drinking and swallowing needs of individual young people.

The inspector spoke with all young people and observed that they were familiar with the centre, staff team and the routine of arrival. The centre is on a busy road on the outskirts of a town in Co. Wexford. There were a number of vehicles allocated to the centre to support young people to attend school and to access their preferred activities in their local community. There was a large and well maintained garden to the rear of the property with numerous items of play equipment available for use. Despite the wet weather on the day of inspection the inspector observed some young people put their coats on and to go outside. In addition there was a large, stand alone, sensory or activation building available in the garden that the young people could access and use.

The bungalow was spacious, airy, and colourful throughout. There were a number of communal areas available for young people to spend their time. These included a living-dining room, kitchen, music/play room and the sensory room. Young people had space to store and display their favourite items that they had brought with

them. There were many different options of games, activities and arts and crafts available in the house. There were televisions, radios and music systems available in communal areas, and televisions in young peoples bedrooms.

The young people who engaged with the inspector presented with complex communication needs and staff were observed to be aware of these and to use strategies to support the young person with their understanding and with their expressive communication. Young people indicated that they were excited to come and stay, that they liked their peers staying with them. One young person showed the staff and inspector specific clothes they had with them for a dress-up event. Another young person was excited for activities they might do and moved with staff to the living room to explore items that had been put out in the room such as opportunities for watching favourite films.

The inspector observed that the young people appeared content and comfortable in the house, and in the presence of staff. Kind, warm and caring interactions were observed between young people and staff, and young people were heard laughing and joking with staff at different times during the inspection. Staff who spoke with the inspector were aware of young peoples likes, dislikes and preferences, and staff were motivated to ensure that they were happy, safe, and engaging in activities they enjoyed when they stayed in respite.

The inspector observed young people being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer young people choices in relation to how and where they spent their time. 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 the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that young people were in receipt of a good quality and safe service when they availed of respite. The provider was monitoring the quality of care and support they received and working to support them to gain independence and make choices that were meaningful during their stay. The centre was well run as the provider's systems were proving effective at capturing areas where improvements were required, and bringing about these improvements. While some minor improvements were required in areas as stated above in premises, fire safety, personal plans and medicines management these are outlined in detail against the specific Regulations.

The person in charge (CNM 3) was working full-time however, had responsibility for three other centres also operated by the provider and were supported in this centre by a team leader (CNM 1). The provider had systems in place to monitor care and

support including audits, the six-monthly and annual reviews, and resident and family surveys.

The centre was adequately resourced and there were systems in place to ensure the workforce were aware of their roles and responsibilities, and carrying out their duties to the best of their abilities. Staff meetings were occurring regularly and there were handovers at the beginning of each stay in respite and for each shift during a stay. Staff had completed mandatory training in line with the centre statement of purpose, and they had completed additional training course in line with young people's assessed needs.

Regulation 15: Staffing

The provider had ensured that the centre was currently fully staffed for the numbers of young people that availed of respite per stay and for the number of nights that the centre was open per week. It was acknowledged that current staff resources did not facilitate additional nights of operation but this was continuously reviewed by the provider. Due to the support needs of young people, there were 1:1 or 2:1 staffing supports in place for them. This was risk assessed and staffing levels were kept under regular review by the provider.

The centre roster was reflective of the staff on duty, clearly indicating the skill mix of staff present. Each shift on the roster has a combination of nursing staff and care assistants working. Review of the roster indicated continuity of staffing arrangements. The person in charge had access to a small consistent relief panel to cover gaps on the roster arising from planned leave.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge ensured that staff had access to training that supported them to deliver person-centred, effective and safe services. The staff team had all completed mandatory training and also training that was important for individual young people that attended respite such as epilepsy management.

The person in charge or the team leader (CNM1) provided support and supervision in line with the provider's policy. This was in place to ensure that staff performed their duties to a high standard and that the quality of care and support was effectively monitored.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge supported by an experienced team leader. The quality of care and experience of the young people during their stay was monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with the inspector were aware of their roles and responsibilities.

The provider had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. They were completing annual and six-monthly reviews and the local management team were completing regular audits in key areas of service provision. The person in charge and team leader had a system in place of ongoing focused audits that reviewed particular areas of service delivery in detail such as risk or infection, prevention and control. Learning from these was shared within the team in the centre and there was evidence of learning shared across centres.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider has a system in place for the recording and oversight of incidents and significant events within the centre. This ensured that incidents were reviewed by the person in charge and relevant professionals in real time which allowed for them to be notified as required. The inspector reviewed the accident and incident system and found that all that required it, had been submitted to the Chief Inspector of social services within the time frame as outlined in the Regulation.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured they had all Schedule 5 policies as required by the Regulation in place to guide practice in the centre. The current policies were made available to staff and were reviewed by the provider as required and in line with the timeframe identified in the Regulation. Procedures in place to guide the safe and effective delivery of care and support were reflective of guidance in the provider's policies.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that the well-being and welfare of the young people was maintained to a good standard. The person in charge and staff were aware of young peoples' needs and knowledgeable in the care practices to meet those needs. Care and support provided to the young people during their stay was of good quality. However, on the day of the inspection, to ensure the safety of young people at all the times, some improvements were needed to the fire precautions and safe medicine management systems and practices that were in place. In addition minor areas of premises repair were required and clearer documentation in the recording of the goals for the young people when they stayed in the centre.

The person in charge and staff facilitated a supportive environment which enabled the young people to feel safe and protected from all forms of abuse. All staff had received training in child protection and safeguarding. Overall, the inspector found that the young people were protected by practices that promoted their safety.

Policies and procedures and guidelines in place in the centre, in relation to infection prevention and control, clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections. Overall, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 or other healthcare associated infections when delivering care and support to the young people.

Regulation 10: Communication

The provider and person in charge had identified that the staff required specific training and support to meet the communication needs of all young people who attended the centre for respite. Specific training on the use of a manual signing system had been sourced and was scheduled for all staff for example.

The staff who spoke with the inspector talked about ways that they ensured consistency in providing information to aid understanding for all young people. The staff had clear guidance available for them to follow on a young persons care plans and in their 'All about me' documents. Care plans were available in areas such as the use of different types of hearing aid use, or in the use of symbol supported written communication.

The provider had a policy titled 'Communication and Valuing people' which had last been reviewed in June 2023 and it gave clear direction for staff and was linked with

other areas of care and support such as management of behaviour that challenges.

The centre had access to Internet and young people were supported to engage with this in a safe and assessed way. Where the taking of photographs provided communication cues or a scaffold for stories for the young person staff reported they ensured that these were taken during a stay.

Judgment: Compliant

Regulation 12: Personal possessions

The provider and person in charge had ensured that all young people who stayed in the centre had access to their personal items and items that were important to them. There were systems to support the receipt and return of these to and from the centre. A respite pack was sent in advance to a young person's family or representative which included an inventory list that was completed and sent with the young persons belongings. The staff team showed the inspector the process of unpacking which they completed either in advance or with the young people and how they recorded receipt of items. This inventory was completed again when packing and signed on return of a young persons possessions.

In advance of each stay the staff team ensured that individual bedrooms were personalised with duvet covers or toys, books or pictures available that were preferred by the young people. Their name and photograph was placed on the door of their bedroom. This ensured that their stay in the centre was presented as individual to those who availed of respite there.

In addition to the systems in place for the safe receipt and return of possessions there were systems in place for the receipt of spending money, clear financial oversight systems and practices were in place to safeguard young people's finances.

Judgment: Compliant

Regulation 13: General welfare and development

From speaking with young people and staff in the centre it was evident that they were being supported to make choices and to have control over their stay and experiences when in respite. Young people were observed to choose what they wanted to eat, and what activities they wished to engage in on the day of inspection.

There was information available for young people in a format that suited their communication needs and preferences, to support them to make choices in relation to activities, meals, and snacks. Young people were meeting with staff regularly and

were developing and taking steps towards fulfilling their potential. Records from these meetings required some improvement and this is reflected under Regulation 5 below.

Young people were supported in transitioning between school and respite or home and respite and in developing the skills required to engage in all environments to their highest potential. They were provided with opportunities to be alone or to engage with others in addition to offered opportunities to play and to learn.

Judgment: Compliant

Regulation 17: Premises

Overall the inspector observed that the design and layout of the premises was suitable to meet the young people's individual and collective needs. The staff worked to ensure that the premises decor was reflective of the specific young people likes and interests in advance of each stay and the decor was appropriate to the age and developmental profile of the groups that attended each week.

The physical environment of the house was clean and well maintained however, some minor areas of decoration and repair were required. These included repair or replacement of a built in unit behind a toilet in a shared bathroom, a window blind in a bedroom and replacement and/or repair of kitchen cupboard doors and drawer fronts.

The provider had identified for the most part areas that required replacement or repair however, dates set by them for completion of some of these tasks had not been met such as a date in early September 2023 for the kitchen unit repairs. Externally the garden was well maintained although the large trampoline was currently fenced off and not safe to use. The person in charge had ensured that the parts required for repair were on order.

Since the last inspection there had been some works completed in the centre that resulted in positive outcomes for the young people who stayed here. The main bathroom had been extended in size and included an overhead hoist and ample space for the movement of individual postural equipment.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place that included all required information as per Regulation 26. Young people, staff and visitors were protected by the risk management procedures and practices in the centre. As part of planning

prior to and following each stay in the centre the specific risk assessments for the young people availing of respite were reviewed. Relevant assessments were easily available for staff to refer to for guidance.

Individual and centre location risk assessments were in place to ensure that safe care and support was provided to the young people staying in respite. There were arrangements in place to ensure that risk control measures were relative to the risks identified. There was a risk register in place that was scheduled for updating however, the associated assessments were found to be up-to-date.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies. All equipment available for use in the centre was serviced as required and maintenance of external play equipment was also current and completed by external specialist companies.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, the inspector found that there were good systems in place for the prevention and detection of fire. The provider had ensured that a range of appropriate fire precautions were in place in the centre. In addition they ensured that all fire fighting equipment and building services were provided and maintained by competent service personnel. The person in charge and staff team ensured that escape routes were clear from obstruction.

Staff had been provided training in fire safety and fire drills were being carried out in line with the providers policy. However, improvements were required in some areas, including ensuring that a drill was completed that demonstrated minimum staffing levels (2) could evacuate maximum numbers of young people (4). In addition there were improvements required in identifying learning from drills such as why evacuations did not always occur via the closest evacuation door or whether staff could access 'as required' medications.

The inspector found that arrangements regarding the safe storage of oxygen and access to oxygen required review. The main oxygen cylinder was in the centre office however, this door did not have a self closing mechanism in place and was observed to be open on a number of occasions over the course of the inspection. Where young people were prescribed oxygen it was not clear how this could be accessed during the course of a fire evacuation and the risk for the young person if the oxygen was not available required consideration.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicines used in the designated centre were found to be used for their therapeutic benefits and to support and improve each young persons' health and well-being. On review of a sample of young persons' health records, the inspector found that for the most part medications were administered as prescribed. The inspector found some examples however of where a short term medicine such as an antibiotic and associated pain relief had been prescribed and neither were administered as required. There were associated records to explain why one was not available but no records to explain why the other was not available and not administered during the respite stay. In addition the administration records had not been completed as per the provider's guidance.

Young persons' medication was reviewed at regular specified intervals specifically prior to each stay in respite and an up-to-date prescription/kardex was required to be sent in with the young person. Any identified changes were documented in their personal plans. Young people's use of 'as required' or PRN medication such as that for seizure management, asthma management or oxygen use was found to be outlined in associated care plans that provided clear guidance to staff.

The practice relating to the receipt; storing; return; and administration of medicines was for the most part appropriate other than an occasional example such as that stated already. There were auditing and oversight arrangements also in place however, the inspector found that these required review where they related to the administration of medicine. For instance where one young person's medicine was not available the audit noted that all children had received their medications on one day and then the following day it was recorded that they had not.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Young people had an assessment that identified their health, personal and social care needs. These assessments were used to inform their plans of care which were being regularly reviewed and updated to ensure they were reflective of their needs. Each young person who stayed in respite had a document in place called 'All about me' that outlined what their individual aspirations, strengths and needs were. This was supported by the care plans in place and a 'life skills' document that was used to record different opportunities that the young person engaged in during their stay.

The inspector found that some improvement was required however, in the documentation of goals and steps taken towards these. For one young person who had been attending respite services for a number of months there was no evidence

of goals having been set for them, while staff did offer a wide variety of activities during a respite stay these were in place without a clear direction. For other young people who had goals set, the opening meeting with them at the start of their stay was documented as 'plan discussed' and did not clearly indicate what was offered or agreed relating to activities planned. In addition it was not apparent how activities or opportunities offered contributed to the progression of goals.

While the inspector acknowledges that the staff considered the individual groups of children and their likes or wishes when planning each stay improvement in documenting their work was required.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant

Compliance Plan for Aleana House OSV-0002058

Inspection ID: MON-0034803

Date of inspection: 05/10/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: HSE maintenance have been informed of the requirements in relation to the bathroom cupboard and wooden unit behind the toilet.</p> <p>The kitchen cupboards and drawers had already been reported to the maintenance department prior to inspection and this has since been followed up with them. Although timelines had been set this was outside the control of the provider.</p> <p>New blind is being ordered for front bedroom</p> <p>Trampoline parts are out of stock until January 2024. These parts are on order for when they come back in stock.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: There is a plan for Simulated Night time Fire drills in Novemeber 2023 with minimum staffing (2) and maximum number of service users (4).</p> <p>Discussion have taken place with all staff about the importance of evacuating through the nearest fire exit. This will also be discussed at the next staff meeting.</p> <p>A Self-closing mechanism has been installed on the office door for safe storage of Oxygen in the event of a fire.</p> <p>Individual risk assessments for children prescribed oxygen have been put into place.</p>	

These risk assessments outline actions to be taken in the event of fire. All staff have been made aware of same.

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:

One child arrived for their respite break and was prescribed Antibiotics- short course medication and Paracetamol PRN. During admissions process it was noted in the Daily notes that these were not supplied. As per policy, family were contacted advised that they were required to supply these medications as soon as possible.

The family supplied the antibiotic and this was administered as per Kardex once received. The paracetamol was not supplied during their respite stay.

The child this relates to can communicate verbally and they can clearly voice if they were in pain or distressed. It was clarified that during their respite stay that the Child did not voice, nor were they observed to be in any type of pain for the duration of their stay.

The importance of supplying all medications continues to be discussed with families on a regular basis.

While the daily notes recorded that medications were not supplied, the Medication Administration Record (MAR) did not reflect this. This importance of recording this on the MAR sheet has been discussed with all staff.

The Audit record for checking of Kardexs and MAR sheet has been amended to ensure it captures all information required.

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:

All children attending respite will have clear goals outlined going forward.

A more detailed record of the admissions meeting with each child will be recorded in child's daily notes. It will also be clearly outlined how activities and opportunities offered in respite relate to progression of their goals

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/04/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	02/11/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2023
Regulation 29(4)(b)	The person in charge shall ensure that the	Substantially Compliant	Yellow	02/11/2023

	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.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/04/2024
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more	Substantially Compliant	Yellow	30/04/2024

	frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
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