



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

Issued by the Chief Inspector

Name of designated centre:	Elmville
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	24 June 2021
Centre ID:	OSV-0001821
Fieldwork ID:	MON-0031781

About the designated centre

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

This service is provided in a purpose built, single storey residence located in a housing development in a rural village. A maximum of six residents can be accommodated and the service supports residents with higher needs in the context of their disability. The provider aims to provide an individualised service informed by the needs, choices, interests and preferences of each resident. Residents are encouraged to maintain family and community links. The centre is open on a full-time basis and a staff presence is maintained at all times. The staff team is comprised of care assistants and social care workers led by the person in charge who is a registered nurse in intellectual disability nursing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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 - 2015 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 24 June 2021	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This inspection of Elmville designated centre took place during the COVID 19 pandemic. All required precautions were taken by the inspector in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. The registered provider had been informed of the inspection 48 hours in advance to allow for preparation of a clean space and the informing of residents of the inspection.

On arrival the inspector was met by the appointed person in charge and team leader and was welcomed to the centre. The inspector was introduced to the residents who were up and about at this time. Some residents were having a lie in or were being supported by staff to start their day. An initial feedback meeting was completed to ascertain the current wellbeing of residents and the status of the centre.

The inspector did have the opportunity to meet with a number of residents during the course of the inspection and observed them going about their day. One resident was attending to their personal needs supported by staff. Following this they came to the office to say hello to the inspector. They were very comfortable in the company of the staff and management present. They appeared to be a very content individual and smiled hello to the inspector. Later in the day they told the inspector they were going on a spin in the car and waiting patiently for staff to get ready to head out and about.

Another resident was supported to go for a swim in the morning in the nearby town and their housemate went along for the spin and to have a walk in the fresh air. One resident chose to have a lie in on the morning of the inspection and was supported by staff to start their day when they awoke. Staff spoke of a resident having a love of music and GAA, they supported limerick and gave a celebratory chant to their team when they were introduced to the inspector. They loved to spend time in their room watching you tube videos and listening to their favourite music.

The atmosphere in the house was relaxed. Staff spoken with were aware of the support needs of the service users and the activities they liked to participate in such as sensory and relaxation activities. Some of these activities occurred in the residents bedrooms which looked onto a large play area for school goers. Some improvements were required to ensure that residents could spend time on their own in their bedroom with their privacy maintained. Staffing levels ensured that individualised activities and interests could be promoted while maintaining the safety of all. Staff supporting these residents were very aware of their changing needs and the need for ongoing review and consultation.

On the day of the inspection on urgent action was issued to the provider with the respect to the storage and administration of medications. Whilst the provider had

measures in place to support the residents to achieve the best possible health clarity was required to ensure that should a resident required emergency support that this was completed by staff in a consistent manner. Staff spoken with were aware of the healthcare needs but documentation with respect to the administration of emergency epilepsy medication provided conflicting direction for staff.

All interactions were observed to be professional in nature with residents observed to be very relaxed in the company of the staff team. Through a clear governance structure residents were provided with a safe service. Findings of the inspection will be discussed within the report.

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Elmville and overall a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including notifications of all required incidents and the regular review of the statement of purpose. The appointed individual also had a good knowledge to the needs of the service users. They held a large governance responsibility within the organisation and through the support of a team leader overall effective monitoring systems were in place.

As stated previously a clear governance structure was in place within the centre. The person in charge; whom was supported in their role by an appointed team leader, reported directly to the person participating in management. Key duties were set out for the appointed team leader including the supervision of staff, and the overview of action plans. Clear communication was evident between the person in charge and the team leader through regular face to face meetings and documented supervisions. The person in charge was currently in the process of completing daily, weekly and quarterly checks in the centre to achieve a high level of oversight and to drive service improvement.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in 2020 by the now person in charge. The most recent unannounced visits to the centre was completed in April 2021. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that had been identified. The person in charge and team leader completed regular reviews of action plans to ensure all actions were completed within the assigned time line.

In conjunction to the organisational oversight in place the person in charge ensured measures were in place for the day to day oversight of service provision. For

example a cleaning audit had been completed in January and a financial audit had been completed in March 2021. The introduction of additional oversight tools by the person in charge will also provide clarity of the roles and responsibility of the appointed team leader. Staff were also encouraged to voice their concern or address any issues in relation to the care and welfare of residents as part of staff meetings or formal supervisions.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. With support from the team leader and person in charge all staff received formal supervisory meetings in accordance with local policy. One topic discussed was the training needs of staff. The provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The current staff team afforded consistency to the support needs of the residents and through the COVID pandemic had continued to afford a high level of staffing consistency. The staff team consisted of social care staff and health care assistance, with nursing care being afforded by the person in charge as required.

The registered provider had ensured that a signed agreement of service provision was in place for each resident. However these were generic in nature and did not reflect the service provided to each resident reflective of their individualised support needs. These agreements also did not clearly state the fees to be charged for the service provided to each resident. The information present within the signed contract was also not up to date. For example, these referred to staff no longer working within the organisation.

Regulation 14: Persons in charge

The registered provider had ensured the appointment of a suitably, qualified and experienced

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents.

An actual and planned roster was in place.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

Effective measures were in place to ensure the appropriate supervision of staff members.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in place that identified the lines of authority and accountability. Management systems in place ensured the services provided were safe and appropriate to resident's needs, however some improvements were required to ensure oversight was maintained by all members of the governance team.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations. A review was required to ensure all information present was accurate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that a signed agreement of service provision was in place for each resident. However these were generic in nature and did not reflect the service provided to each resident reflective of their individualised support needs. The information present within the signed contract was also not up to date.

Judgment: Not compliant

Quality and safety

It was evidenced during this inspection that the service afforded to the residents currently residing within Elmville was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs where possible. The person in charge had ensured that each individual had personal goals in place to support their community interactions. On the day of inspection an urgent compliance plan was issued to the provider with respect to the storage and administration of emergency medications.

The person in charge had not ensured that appropriate and suitable practices were operational in the centre with respect to the storage, prescribing and administration of emergency medications for each resident. Access to the medication press was not possible as the keys did not remain on site when the trained staff was not present. Emergency medication was stored in an unsafe manner to the rear of a resident's wheelchair. There was evidence of non-adherence to the organisational policy with respect to medication management and the storage of medications. Guidance for staff with respect to administration of emergency medications was not sufficient with conflicting information in a number of areas including medication kardex, policy and support plans. This was actively being addressed by the person in charge at the end of the inspection to ensure practices relating to the administration of emergency medication was clear for all staff.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician. Each resident was supported with goals, ranging from sensory sessions to social activities. Staff were observed supporting the residents to achieve these goals. Through completion of a regular personal plan reviews and personal outcome measures there was some evidence of the progression of goals. The person in charge had identified that a consistent approach to monitoring and progression of personal goals was required and had a plan in place to address this including staff training. A number of goals had been adapted due to COVID 19 restrictions.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. The centre was a purpose built home to meet the assessed needs of the residents. Each resident had an individualised bedroom which

was decorated in accordance with their wishes. A number of bedrooms were located to the rear of the property and large windows looked directly onto a school playground. The privacy arrangements in these rooms required review to ensure that residents could relax in the privacy of their own room. A large garden was in place with safe areas for the residents to engage in relaxation or gardening activities. Residents with whom the inspector met appeared very comfortable in their home. The centre was clean and overall, well presented and accessible.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Staff members were facilitated to complete the required training such as infection control and hand hygiene ensuring adherence to these guidelines.

The registered provider had effective systems in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with appointed designated officer for guidance and support. The intimate care supports needs of each resident was documented within each personal plan in a respectful and dignified manner.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Residents were supported to complete regular fire evacuation drills to promote awareness. The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented measures to ensure the effective assessment, management and ongoing review of risk including both environmental and individual. However a number of risks had not been identified and required assessment. This included the risk of lone working staff.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated.

The privacy arrangements in a number of bedrooms required review to ensure that residents could relax in the privacy of their own room.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management, including a system for responding to emergencies. However a number of risks had not been identified and required assessment. This included the risk of lone working staff.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment and resident and staff awareness of evacuation procedures.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that appropriate and suitable practices were operational in the centre with respect to the storage, prescribing and administration of emergency medications for each resident.

There was evidence of non-adherence to the organisational policy with respect to medication management and the storage of medications. Guidance for staff with respect to administration of emergency medications was not sufficient with conflicting information in a number of areas including medication kardex, policy and support plans.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

An annual review of the assessed needs of the residents was completed as part of the review of personal plans. Whilst individual goals had been developed some improvement was required to ensure all goals were consistently reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

The provider had effective measures in place to support the residents to achieve the best possible health.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured effective measures were in place to protect

residents from all forms of abuse. Where an identified risk was present the provider had ensured measures were in place to address this.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the designated centre was operated in a manner which respected and promoted the rights of the residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Elmville OSV-0001821

Inspection ID: MON-0031781

Date of inspection: 24/06/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To come into compliance with this Regulation the Registered Provider has ensured that the management systems in place in the registered centre are safe and appropriate to resident's needs.</p> <p>Prior to Team Leader commencing their post a meeting was held with the Person in Charge on February 11th 2021 to provide clarity regarding the role and responsibilities of both parties.</p> <p>Roster and training matrix were updated on the day of inspection to reflect the Person In Charge's working hours and training details. Team Leader's protected governance time was clarified on the roster on the day of inspection.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>To come into compliance with this Regulation the Registered Provider completed a review of the Statement of Purpose on the day of inspection.</p> <p>This ensured all information present is accurate. The amendments reflected that Elmville is at full capacity so is not currently offering a respite service. The Team Leader and Person In Charge's Governance allocation was also reflected in this review.</p> <p>The updated Statement of Purpose was resubmitted to the Regulatory Authority on the evening of the inspection.</p>	

Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>To come into compliance with this Regulation the Registered Provider has ensured that the agreement of service provision for each resident has been updated to reflect the service provided to each resident. This update is reflective of each resident's individualised support needs. The information contained in the new contract was updated with regard to the Complaints Process, Fees and the Organisational Management structure. Updated agreements were forwarded to each resident's representative on July 6th 2021 by the Team Leader.</p> <p>An Easy to Read individualised version of each residents Terms and Conditions of Residency was available on the day of inspection and had been communicated to each resident on March 22nd 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>To come into compliance with this Regulation the Registered Provider has ensured that the privacy arrangements in a number of bedrooms were reviewed. This review ensured that residents could relax in the privacy of their own room.</p> <p>Privacy screens were installed on bedroom windows the day after the inspection.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To come into compliance with this Regulation the Registered Provider ensured the risks identified on the day of inspection were assessed.</p> <p>A risk assessment in the event that staff working alone was devised and implemented on June 29th 2021. This risk assessment also includes working alone when on transport and covers the event where one staff may have to leave to support a neighbouring designated centre.</p>	

A risk assessment was also compiled and actioned in relation to Urgent Action which was issued on day of inspection.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>To come into compliance with this Regulation the Person In Charge has ensured that the designated centre has appropriate and suitable practices relating to the prescribing, storing and administration of emergency medications. The Person In Charge and Team Leader contacted the GP and Pharmacy during the Inspection. The PRN prescription sheet and the Protocol for the administration of emergency medication were sent to the GP for revision, these were collected on June 28th 2021. Labels with clear instruction for administration of emergency medication were collected from the Pharmacy on June 24th 2021. The Person In Charge ensured that the emergency medication identified during the inspection was stored in the medication press that day. All staff on duty on the day of inspection and since have been advised of the change to the storage of the identified emergency medication.</p> <ul style="list-style-type: none"> • A meeting was held to review the organisational policy on July 2nd 2021. This review discussed; • Listing of the identified emergency medication in Schedule 4 Part 1 of the Misuse of Drugs Regulation 2017. • Clear guidelines for the storage of the identified emergency medication. • Who is responsible for the administration of the identified emergency medication. • Procedure for staff who are trained in the administration of the identified emergency medication. • Procedure for staff who are trained in the administration of the identified emergency medication following administration. • The medication management policy was updated to reflect that the identified emergency medication is to be administered as per individual medical practitioner instruction. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>To come into compliance with this Regulation the Person In Charge has ensured that</p>	

individual goal tracking has been improved since the inspection so as to ensure all goals are consistently reviewed. All goals are now tracked using the same template. This was implemented on July 17th 2021.

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(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	24/06/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	24/06/2021

	to residents' needs, consistent and effectively monitored.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	05/09/2021
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.	Not Compliant	Orange	22/03/2021
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	29/06/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate	Not Compliant	Orange	24/06/2021

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	28/06/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	24/06/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	17/07/2021

	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.			
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	17/07/2021