

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

## Issued by the Chief Inspector

Name of designated centre:	Coldstream House
Name of provider:	Talbot Care Unlimited Company
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	19 June 2024
Centre ID:	OSV-0008694
Fieldwork ID:	MON-0042057

## About the designated centre

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

Coldstream House is a designated centre registered to provide community-based residential care and support on a full-time basis for up to six adults with an intellectual disability, mental health diagnosis or other assessed health and social care needs. This centre is a large, two-storey house in a rural area of County Kildare, in which each resident has a single bedroom and shared use of communal living room, kitchen and dining room, garden spaces, accessible bathroom facilities and accessible vehicles. The support team consists of social care staff with nursing and clinical support available as required.

**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 (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 19 June 2024	09:20hrs to 17:45hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet briefly with some of the residents or observe how they spent their day, as well as speak with their direct support staff, observe support delivery, and review documentary evidence of support plans, as part of the evidence indicating their experiences living in Coldstream House.

Four of the six service users had transitioned to this designated centre following an extended period of living in a service intended for short respite breaks. Residents appeared to be comfortable in their new home and in the company of their peers. The provider had facilitated residents to visit the house and, if possible, meet with the residents who were admitted ahead of them, to be assured that the centre was suitable to meet their needs, and that any potential compatibility concerns were identified and assessed.

Each resident had a large private bedroom, which they were in the process of decorating based on their interests and preferences. The inspector was shown a large hand-drawn wish plan on a wall board in one resident bedroom which outlined what they wanted to do for fun and skills development, who they wanted to stay in contact with, and places they would like to go. Where residents used personal equipment or intimate care items, these were stored out of sight or out of the way so as to not impact on residents' privacy or the homeliness of their bedrooms. Residents were supported to hold onto their belongings in the bedrooms, though some residents wanted to take their time buying new things for their room until they were ready. One resident had recently bought a large TV and recliner chair for themselves.

The residents were supported to access their community using two vehicles for which this house had exclusive use. As it was a sunny day during this visit, two residents went to the park for a picnic, and two other residents travelled together to Dublin Zoo for the day. The remaining residents were attending their day service. The inspector observed evidence to indicate that the number of days the residents were comfortable going to day service had been agreed and supported. Photographs of staff and residents going to parks, zoos, heritage sites and riding on trains were captured and collected for later reference by residents.

The inspector observed staff interactions and support delivery with residents, which were respectful and readily available. Residents were supported with eating, personal hygiene and dressing, and going out into the community. The provider had identified an area for further development in interactions being more person-centred and in staff building relationships on a personal level to enhance the social care experience for service users. The inspector observed this as being a topic being formally planned and supported in performance development meetings. During the day, the inspector observed the person in charge and other house management verbally encouraging the staff to chat with the residents during support delivery. The person in charge were supervising staff who had plans in place around building

their confidence to establish meaningful connections with the service users, particularly for staff who worked alone with residents during their shifts. While day-to-day needs were being met by staff, the inspector observed examples of where communication between staff on plans and progress made in objectives such as life skills and new social opportunities required development to ensure all staff worked together to achieve these supports.

Six residents were supported by staff or families to communicate their experiences and feedback through written surveys which had been issued ahead of this inspection. Commentary from these surveys were overall very positive and spoke highly of the new house, and the residents enjoying their time in their new home. Residents enjoyed being in a full-time home for themselves and living in a quiet rural area. Comments were positive regarding staff, noting that while they were taking time to get used to them, they were familiar and consistent. Residents commented that they enjoyed being brought out to nice places and regularly seeing their loved ones. A family member commented that their relative "very happy...is always smiling" since they came to this house.

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

This was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance since the service was registered in November 2023. In the main, the inspector found this to be a service which was appropriately resourced for the number and assessed support needs of residents, and was led by an experienced and qualified person in charge. Some improvement in oversight and vigilance was required in ensuring that documentary records provided complete and accurate information in areas such as resident engagement and healthcare supports.

The provider had conducted quality audits for their compliance with policies, standards and regulatory requirements. Examples were observed in which the findings of this inspection had also been identified in the provider's own audits. Specific and measurable action plans were set out to address service deficits or areas in which standards could be improved. At centre level, the supervision and accountability structures allowed for suitable oversight of staff performance and day-to-day resident supports. All staff were subject to probation, supervision and competence development systems, which had identified meaningful goals to support staff skills and confidence in their duties, and in turn enhance their standard of support delivery to service users.

The centre was fully occupied at the time of this inspection, and the inspector

observed evidence to indicate that pre-admission processes had provided assurance to the provider that the centre was suitable to meet residents' needs and that they would be compatible to live in this shared house based on their support requirements, age profile and established relationships made in their previous settings.

#### Regulation 14: Persons in charge

The person in charge worked full-time in the role and split their time between this and one other designated centre. They were suitably qualified and experienced for the role of person in charge.

Judgment: Compliant

#### Regulation 15: Staffing

The staff team was fully resourced at the time of this inspection, with no vacant posts. The inspector reviewed worked rosters for a number of weeks which clearly identified who worked in this centre and when. Staffing resource allocation was sufficient to ensure support for residents who required enhanced supervision at home or in the community. The staffing complement allowed for appropriate cover during sick leave or other absences to ensure continuity of support from familiar staff.

Judgment: Compliant

#### Regulation 21: Records

Documentary evidence was retained in the designated centre and available for inspection as required during the day. Improved vigilance was required in some areas of record keeping in this designated centre to ensure information was complete and accurate. Examples the inspector observed during this inspection included the following:

- Minutes of meetings in the centre which were copied from the minutes of the previous meetings.
- Oversight records of staff training printed the day before this inspection which did not reflect all training attended by staff.
- Inaccurate dates on records related to residents' appointments and vaccinations.

- Recording errors in medication administration.
- Gaps in staff guidance and progress notes in residents' personal support plans.

Judgment: Substantially compliant

## Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

This designated centre was resourced with a full complement of staff, exclusive use of vehicles, and a premises which was suitable for the number and needs of residents. The provider had identified where resources could be further enhanced for the benefit of the residents, for example following up with staff on their progress attaining driving licences.

The provider had conducted an unannounced quality and safety inspection in May 2024 and found that in the main the service was operating in compliance with regulations, standards and provider policy. Topics such as medication management and infection control were identified to have separate audits. Some of the findings of this inspection had been identified by the provider through this review, including the need for enhanced guidance on communication between staff and residents, and documented steps towards achieving resident life enhancement goals.

The inspector reviewed a sample of minutes of meetings for staff probation review and performance development. Areas in which staff were doing well in their respective roles were highlighted by their line manager. Where areas required further improvement or development, the manager had identified these for follow-up review in future meetings. This including matters related to new team members' confidence and initiative in developing meaningful relationships with residents and delivering person-centred engagement beyond task-oriented support.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The inspection reviewed pre-admission assessments and transition timelines for four of the residents living in this designated centre. The provider noted dates on which the resident or their representatives were facilitated to visit the house, meet the staff team and bring personal items to make the place their own prior to moving in. Some residents visited more times so that all parties could be assured that the house was suitable for their needs and that they were happy with the move. The provider had measures to be assured that any potential compatibility concerns were identified based on assessed needs and histories. Each resident had a contract outlining the terms, conditions and fees payable by each resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had composed a statement of purpose for this designated centre which contained information required under Schedule 1 of the regulations. The statement of purpose had been updated to reflect changes made in the centre since it was registered, including new management personnel, revised staffing complement, and training required based on the needs of residents.

Judgment: Compliant

### Quality and safety

The inspector was provided examples of how residents were supported to access the community, go on enjoyable outings and get settled into their new home. Resident transition into this centre appeared to have gone smoothly and without any major risks or compatibility concerns arising.

The provider had revised residents' assessments of needs, and amended care and support plans where necessary, to reflect their new living environment and local resources. Plans were overall detailed and person-centred, with staff filling monitoring charts were required. Plans had suitable guidance provided by allied health professionals to ensure that support with eating, drinking and using residents' mobility devices was done safely and with regard to each person's needs. Where required, positive behaviour support strategies were in place to support staff to identify and respond to potential or actual incidents of risk.

Some staff guidance and personal support plans related to developing resident autonomy, life skills and independence required enhancement to support the staff to consistently follow plans, and monitor progress with care objectives. Staff were not consistently familiar with resident capacities and the support plans in progress when

speaking with the inspector. The provider had identified a required improvement in supporting meaningful and person-centred communication to support staff and residents to build relationships in the centre.

The inspector observed how residents were being supported to decorate and furnish their bedrooms at their own pace and in line with their personal preferences. The designated centre was homely, comfortable and spacious, with features to controls risks related to fire safety, healthcare-associated infections, and the privacy and dignity of service users.

The inspector raised concerns to the management during this inspection due to not being assured that staff were aware of the prescribed protocol for managing emergency intervention medicine. Some improved vigilance was required where staff were recording and storing medicines contrary to current prescriptions.

## Regulation 10: Communication

The provider had identified through their assessments of needs that comprehensive support and intervention measures were required to support residents to communicate and be understood, and for staff to communicate effectively with residents. Assessments indicated where referral and input was required from a speech and language therapist (SLT) to establish staff guidance, communication tools, objects of reference or Lámh (manual communication) gestures for use to support residents and staff to effectively communicate. However, as there was currently no SLT available, these guidelines had not been created or implemented based on residents' needs, beyond brief reference in other plans. Staff being supported to effectively communicate with residents whose primary means of communication did not include full speech was identified as a requirement to improve the overall quality of service and support delivery in this service.

Judgment: Not compliant

## Regulation 12: Personal possessions

Not all residents had accounts with financial institutions which were in their name and to which they had supported access. However the provider demonstrated how they were in contact with organisations to support the residents to attain financial accounts with associated cards and statements.

Residents were assessed for their current and potential levels of understanding on holding and using cash and cards, with some residents identified as requiring a medium level of support. However the evidence was unclear how this was being supported as none of the residents had plans around education on using money or cards. All six residents' money was secured in an office, however there was limited

evidence to indicate that this had been assessed as the least restrictive option available.

From speaking with staff and reviewing capacity assessments, there was a requirement for consistency in how residents were supported to use their money when out in the community. For residents who were assessed as understanding how to use money and pay for things in shops, staff told the inspector that they would hold on to all residents' wallets and use it for them, and other staff commented that wallets would be left in the house if there were no plans in advance to buy anything before going out. This practice did not provide assurance that ready access to property was being optimised.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises of this designated centre was modern, comfortable and well-lit. The house and grounds were clean and in a good state of repair. Residents had spacious bedrooms and were supported to personalise their rooms as they wished. Residents had adequate storage space for their belongings and clothes, including space to store items related to their intimate care out of sight to maintain the homeliness of the living space. Where required, equipment such as wheelchairs and hoists were stored in a manner which prevented them from becoming unclean and to not obstruct hallways or shared spaces. The house had suitable kitchen, bathroom, garden and communal living spaces for the number and assessed needs of residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The premises was clean and surfaces such as in kitchen and bathroom spaces facilitated effective cleaning and disinfection. Mop heads, poles, buckets and cloths were managed in such a way that these were themselves clean and dry for their next use, and stored in a manner consistent with good infection control. Spaces at which residents and staff would carry out hand hygiene were equipped with soap dispensers, disposable towels and hands-free bins. Food and medicine was labelled to indicate the dates items were opened.

Judgment: Compliant

## Regulation 28: Fire precautions

The house was featured with equipment to detect, contain, extinguish and alert staff to fire or smoke in the designated centre. The centre was equipped with an addressable fire alarm system with a panel which was clear in identifying locations around the house. Internal doors along evacuation routes were fire rated with automatic closure mechanisms.

Staff were trained in the safe evacuation of residents and had conducted practice evacuation drills for the provider to be assured that the team and residents could carry out a safe and efficient exit in an emergency. Records from these drills indicated good compliance with procedure and prompt egress times. Staff were familiar with emergency procedures such as supporting residents with additional mobility needs, and directing emergency services to the house.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector spoke to a number of staff members regarding the administration, storage, recording and disposal of medicines in the centre. In the main, staff were familiar with the medicines used and why they were prescribed for the residents. However, the procedure described by staff regarding the use of emergency intervention medicine for responding to seizure activity did not correspond with the instructions as part of the prescription. Staff described how they either did not have the training or the permission to administer emergency medicine, and that if a resident was to have an incident, they were to phone their manager and wait for a community nurse to travel to their location. As this house did not have staff in the role of nurses, and staff would often be working alone in the community, this practice would not result in residents having this emergency intervention within minutes as required. The inspector raised this concern to the centre management after speaking to multiple staff, who noted that retraining would be arranged.

Some improved vigilance was required in medicines management, as in sample of administration records reviewed, some dates indicated that the wrong medicine had been given to a resident, and some discontinued medicine for return to the pharmacy was stored alongside active prescriptions.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The provider had conducted assessments to identify the health, social and personal care needs of all service users within the required timeframe following their admission to this centre. Notwithstanding the requirement for communication support plans as referred earlier in this report, in the main support plans and staff plans had been developed based on these assessments. Some minor work was required to ensure that plans were updated based on the most recent input from the multidisciplinary team. Guidance was available to staff on using specialist medical requirements such as equipment for nutrition and mobility.

The inspector reviewed resident support plans with front-line staff. In the main, staff could locate the required guidance to deliver support to service users. In relation to education, recreation, independence or life enhancement objectives, some of these had an identified goal but lacked detail on how staff were working to achieve this. For example, staff identified that one resident was currently learning how to write, however there was no guidance provided on how this was being supported or how far along this objective was. Staff told the inspector about parties and community activities the resident wanted to participate in, but could not provide any information on what these were or what was arranged. In some instances, staff were not familiar with residents' personal development goals or were not responsible for them happening as they were not that person's key worker. It is important that all members of the team are clear and consistent on the work planned and required for residents' goals and ongoing support objectives to ensure this support is consistently applied, particularly as many staff work alone with residents at home and in the community.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Where residents required support to ensure their and others' safety during times of distress or frustration, guidance was available to staff which indicated how residents expressed themselves and how to effectively identify and de-escalate these incidents. Staff had received training in responding to incidents of risk.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially 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
<b>Quality and safety</b>	
Regulation 10: Communication	Not compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	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 7: Positive behavioural support	Compliant

# Compliance Plan for Coldstream House OSV-0008694

Inspection ID: MON-0042057

Date of inspection: 19/06/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. Revised record management training will be provided to the Person in Charge, House Manager and Team leads to promote good quality record management.</li> <li>2. The Person in Charge will review the minutes of resident’s meetings on a weekly basis. House manager will attend at least one residents meeting per month.</li> <li>3. The Person in Charge will ensure that staff training records will no longer be provided in printed format, the training records will be provided on the online database.</li> <li>4. The Person in Charge will ensure that all Vaccination records that are in place in the centre will be recorded accurately on EpicCare. Appointments will be recorded accurately.</li> <li>5. The Person in Charge will complete weekly audit of medication administration recording sheets.</li> <li>6. The Person in Charge will complete internal local training with the staff team on record keeping, to ensure that reports are accurate and evidence based.</li> <li>7. Person in Charge will undergo a full review of all person-centered plans to ensure the information in the plans are reflective of current assessed needs.</li> <li>8. Recording practices will be discussed during the monthly Governance Audits and sample audits completed by the Assistant Director of Service.</li> </ol>	

Regulation 10: Communication	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ol style="list-style-type: none"> <li>1. A Speech and Language Therapist has been identified, they will develop communication tools and complete training with staff in Coldstream House.</li> <li>2. The Person in Charge will oversee the implementation of these plans.</li> </ol>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge will continue to endeavor to ensure residents are supported to attain financial accounts with associated cards and statements. Where barriers to achieving this are encountered, this will be escalated to the Assistant Director of Service. The Assistant Director of Service will escalate to the Talbot Group Management team and appropriate advocacy services will be sought.</li> <li>2. The Person in Charge will complete a full review of Money Management Assessment's. All money management assessments will be reviewed to identify the suitability of current money management plans in place, and to update to include more appropriate strategies to support the present identified needs of residents.</li> <li>3. The outcome of all money management assessments will be discussed with the Assistant Director of Service during Monthly Governance and at residents MDT, during scheduled Candid Needs assessments.</li> </ol>	
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> <ol style="list-style-type: none"> <li>1. All staff complete refresher training on medication management theory, medication competency, epilepsy awareness and the administration of Buccal Midazolam.</li> <li>2. The Person in Charge will ensure staff are familiar with each resident's emergency treatment protocols.</li> <li>3. The Person in Charge will carry out a weekly medication audit, capturing Kardex and</li> </ol>	

MAR's sheets.

4. The Assistant Director of Service will review medication administration practices during Monthly Governance meetings with the Person in Charge. This will include observing the administration practices of staff, reviewing audits, reviewing medication errors.

5. The Monthly Medication Audit tool will be revised.

6. A Medication Governance oversight audit will be completed by the Community Nurse Manager

Regulation 5: Individual assessment and personal plan

Substantially Compliant

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

1. The Person in Charge will undergo a full review of all person-centered plans to ensure the information in the plans are reflective of current assessed needs.

2. All personal plans will be reviewed by the Assistant Director of Service, to ensure they are reflective of their Candid Needs Assessments.

3. The Person in Charge will update the staff meeting agenda to include a report from each key worker on the goals set for each resident for the month, as a standing agenda item.

## 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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Not Compliant	Orange	31/10/2024
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/11/2024
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as	Substantially Compliant	Yellow	30/09/2024

	specified in Schedule 3 are maintained and are available for inspection by the chief inspector.			
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/09/2024
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.	Not Compliant	Orange	30/09/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal	Substantially Compliant	Yellow	30/10/2024

	and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	30/10/2024