



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

Issued by the Chief Inspector

Name of designated centre:	Glebe Lodge
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	11 November 2022
Centre ID:	OSV-0001966
Fieldwork ID:	MON-0037549

About the designated centre

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

Glebe Lodge is operated from a large purpose built bungalow located on the outskirts of a small town. The centre has a maximum capacity of 11 and can provide full-time residential support for 10 residents and respite for one resident. The centre is intended to support residents with intellectual disabilities and those with high support needs related to aging of both genders over the age of 18. Support to residents is to be given by the person in charge, nursing staff, care assistants and catering staff. Within the centre there are eleven individual bedrooms for residents in addition to lounges, a kitchen-dining area, bathrooms and staff offices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10
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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
Friday 11 November 2022	09:10hrs to 18:30hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were observed to be supported by staff members on duty in a dignified and respectful manner throughout the inspection. A new resident who due to move into the centre following this inspection was seen to visit the centre on the day of inspection. The premises provided for residents to live in was generally homelike and well presented.

On the day of inspection, 10 residents were present in the centre with one vacancy. Nine of the 10 resident present lived in the centre full-time while the tenth resident was attending the centre on respite. During this inspection eight of these residents were met by the inspector. The remaining two residents appeared to spend all of the inspection day in their bedrooms. Of the eight residents that were met, most residents did not engage verbally with the inspector so the inspector also relied on observation of activities in the centre to get a sense of what it was like to live in the centre.

On arrival at the centre residents were being supported with breakfast and with personal care by staff members on duty. At this time one resident waved at the inspector while another indicated that they were getting the bus. Soon after this resident left the centre to attend a day care centre operated in the nearby town. A third resident asked the inspector where he was from before telling the inspector where they were came from. As the day progressed most residents spent much of the time in the centre but it was observed that one resident was taken out for a short by staff which the resident appeared to enjoy, one resident was seen doing some colouring in their bedroom while some residents were supported by an activation staff in the afternoon

During the inspection it was indicated to the inspector that a new resident would be shortly moving into the centre to fill the centre's vacancy and that the resident's family members had visited the centre in advance of the move. The new resident, with support from their carer, visited the centre on the day of inspection for a pre-admission visit. On their arrival they were greeted by management of the centre and were given a tour of the centre where they were also introduced to staff and residents. This new resident stayed in the centre for a few hours and had lunch in the centre before leaving. As they were leaving this new resident was bid farewell by the person in charge.

The atmosphere in the designated centred encountered by the inspector was generally calm and relaxed with music overheard to be playing at one point. Throughout the day though the inspector did heard one resident in particular vocalising at various times. While such vocalisations did not appear to be necessarily directed at anyone nor in any way aggressive, it was indicated by one staff member that another resident could put their hands over their ears in response to such vocalisations. This was not observed by the inspector during this inspection.

However, throughout the inspection staff members on duty were observed on numerous occasions to interact with residents in a pleasant, respectful and dignified way. These included one staff knocking on a resident's bedroom doors before entering and another staff member kneeling down beside a resident in a wheelchair and taking the time to check if there was anything the resident needed and if everything was okay. Towards the end of inspection the person in charge was seen sitting beside a resident waiting to support them to receive a call from a family member.

Residents and their family members participated in a person-centred planning process to highlight areas of importance for residents and to identify goals for residents to achieve. There was evidence that such goals were being facilitated with one resident seen to have been recently supported to visit their family home for example. It was noted though that a person-centred planning process for one resident had not been completed since they move into this centre although it was indicated to the inspector that the provider was waiting until Christmas to do this when a specific relative of the resident would be returning home from abroad to support in the process.

Aside from this person-centred planning process it was seen residents were provided with easy-to-read versions of their personal plans. A sample of these were reviewed by the inspector which were kept in residents' bedrooms. Each resident living in the centre had their own individual bedroom while one bedroom was specifically designated for any resident who was staying on respite in the centre on a given night. Some of the resident bedrooms were seen by the inspector and it was noted that these were personalised with items such as awards and large canvas photographs of residents' families.

In addition to residents' bedrooms, this centre was made up of a large premises which had communal areas available such as a kitchen-dining area and lounges. It was noted that one of the lounges had been decorated since the previous HIQA inspection in June 2022 and in general it was found that the premises was well-furnished, well-maintained, clean and homelike. For example, there were pictures of residents on display in communal areas of the centre including a large framed photograph which showed residents doing activities such as attending a vintage care show. The inspector did note though that some flooring was missing from the centre's laundry room while some tiling was missing from a sluice room.

In summary, efforts were made to provide residents with a homelike setting to live with residents having their own individual bedrooms whether living in the centre full-time or availing of respite. The atmosphere in the centre was generally calm. Respectful and warm interactions were observed between staff and residents.

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

Improvements were found on this inspection related to governance, staffing and supervision. Such findings contributed to an overall improved level of compliance.

This designated centre was registered until January 2025 following an inspection conducted in August 2021 where an overall good level of compliance was found. However, during a further inspection completed in June 2022, high levels of non-compliance were found with particular concerns identified around oversight, staffing arrangements and staff supervision amongst others. In light of such concerns a cautionary meeting was held with the provider in July 2022 where the provider was advised of the potential consequences of continued non-compliance with the regulations.

Following this the provider submitted a compliance plan response outlining the measures they would take to come back into compliance with relevant time frames also provided. An overall governance and management plan was also submitted by the provider, at the request of the Chief Inspector, which applied to all of the provider's designated centres. This plan outlined measures the provider intended to take to improve the oversight and governance structures in its centres including the current centre.

The purpose of the current inspection was to assess the progress that had been made since the June 2022 and to determine if the provider's governance and management plan was being implemented. Overall, this inspection found a much improved level of compliance compared to the June 2022 inspection and there was evidence that the provider was generally following its governance and management plan. For example, there was evidence of increased oversight with weekly reports being submitted to the person in charge. Despite this it was identified that a post incident review for a particular incident had not taken place in line with the governance and management plan.

During the previous inspection it was highlighted that the person in charge arrangements were not ensuring effective governance, operational management and administration of the centre. At that time the role of person in charge was held by a member of the provider's senior management who was also the person in charge for another of the provider's centres while holding an extensive remit with the provider overall. Since that time the provider had reduced the number of centres the person in charge held this role for and, while they still held a wide remit with the provider overall, plans were in place for a new standalone person in charge for the centre to be appointed in early 2023. This was a positive development.

Another positive development was clear evidence of the formal supervision of staff working in the centre. This was an area that had been raised as an issue at previous HIQA inspections in March 2020, August 2021 and June 2022. Staff members spoken with during this inspection indicated that they had received supervision in 2022 with records provided, including a schedule of supervisions and individual

supervision records, indicating that staff had received at least one formal supervision in 2022 and had another supervision meeting scheduled. Some staff members had already received two formal supervisions in 2022. The staffing arrangements in place to support residents overall were also found to have improved.

Since the June 2022 inspection, additional staffing resources had been provided to support residents. These included extra staffing in the evening along with the addition of a cleaning staff and a staff member to support activities. It was noted though that the provider was experiencing pressure to maintain staffing levels at times. To cover some staff shifts some agency staff (staff sourced from an organisation external to the provider) were used on occasion. While the use of such agency staff was limited, the provider had identified that some of the agency staff who worked in this centre were not appropriately skilled nor had all of the required documents in place. The provider had highlighted this to HIQA in advance of this inspection and was taking measures to prevent any similar instances.

Regulation 15: Staffing

While staffing arrangements overall had improved since the last inspection, some of the agency staff who had worked in this centre were not appropriately skilled nor had all of the required documents in place. Staff rosters maintained did not show when agency staff had worked in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were receiving formal supervision with arrangements in place for this to happen every six months.

Judgment: Compliant

Regulation 23: Governance and management

Overall compliance levels in the centre had noticeably improved since the June 2022 inspection with evidence in place of improved oversight. While the person in charge retained an extensive remit within the provider, plans were in place for a new standalone person in charge for the centre to be appointed in early 2023. A post-incident review had not been conducted for one particular incident in keeping with the provider's governance and management plan.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspector reviewed a sample of contracts for the provision of services which were found to have been agreed to between the provider and the resident or their representative while also highlighting the services the residents were to receive and the fees to be paid. A resident who was due to move into this centre shortly after this inspection was given an opportunity to visit the centre in advance of this move.

Judgment: Compliant

Quality and safety

Residents had personal plans in place and there was evidence that their healthcare needs were being provided for generally. Some actions were identified though in areas such as medicines and fire safety.

Residents had personal plans which are intended to set out the assessed health, personal and social needs of residents and how to provide for these. The inspector reviewed a sample of such personal plans and found that in general they provided a good level of guidance on how to support residents' needs while also having been recently reviewed. The previous inspection did highlight some inconsistencies in the monitoring of one resident's wound care and that their wound care management plan required more details. During this inspection it was noted that the resident's wounds were being regularly monitored and treated although from records provided there was still some variance in the timing of some interventions with the resident's wound care management plan not detailing how often such interventions were to happen.

Despite this though it was apparent that this resident's wounds had improved since the previous inspection which allowed the resident to be more involved in the designated centre. There was also indications that the other healthcare needs of residents in this centre were being adequately supported. For example, residents had hospital passports in place and were supported to access health and social care professionals such as general practitioners and neurologists. However, during the inspection, the inspector did identify some inconsistencies in documentation and evidence of consultation relating to particular decisions involving a particular aspect of some residents' future healthcare support. Other records provided did indicate though that residents were receiving their prescribed medicines.

Assessments had been conducted to determine if residents could self-administer

their own medicines although for one resident it was noted that their assessment was from April 2021 when they lived in another centre. Storage facilities were provided for medicines which were reviewed by the inspector. It was noted that such storage was secure with a sample of medicines reviewed seen to be labelled in date although the inspector did observe one medicine that had passed its expiry date. In addition, while appropriate documentation and secure storage was provided for controlled medicines (medicines which require stricter controls given their nature), it was seen that the medicines were stored together with stocks of some PRN medicines (medicines only taken as the need arises) rather than separately in line with best practice.

Aside from storage for medicines, the centre was also provided with fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire containment measures while there were multiple unobstructed exit routes throughout the centre. Some fire drills had been conducted since the previous inspection although the inspector noted that the evacuation times indicated in the drills had increased recently. Despite this the fire safety risk assessment for the centre had not been reviewed since December 2021 to take account of the findings of these drills and to provide assurance that the residents of this centre could be evacuated in a safe time. Residents of this centre did have personal emergency evacuation plans in place outlining the supports they needed to evacuate while the fire evacuation procedures were on display in the centre.

Also on display in the centre were signs related to infection prevention and control areas such as COVID-19 and hand hygiene. An additional sign was present on a door between a laundry room and a sluice room in the centre which indicated that the door was to be kept closed for infection prevention and control reasons. This signage had been put in place by the provider following an August 2018 HIQA inspection where an issue was identified regarding the design and layout of the sluice and laundry facility. While this door was seen to be closed at the start and end of the current inspection it was observed by the inspector to be open and unattended on two occasions during the day. The same door had also been seen to be open during the June 2022 inspection of this centre.

Aside from this a relevant self-assessment on infection prevention and control had been completed for this centre since the previous inspection. Staff members on duty were seen to wear facemasks while supplies of these and other personal protective equipment were present in the centre. Hand sanitiser was provided for in various points of the centre. Since the June 2022 inspection a dedicated cleaning staff had been provided for this centre who worked five days a week. This was a positive development and records provided indicated that cleaning was regularly carried out in the centre. However, the inspector did note some gaps in the cleaning records provided which generally corresponded with days when the assigned cleaning staff was not on duty. Other staff members spoken with indicated that they did cleaning regularly in the centre and as highlighted earlier, the designated centre was seen to be clean on the day of inspection

Regulation 17: Premises

While the premises was generally well presented, in a laundry room it was seen that a part of the flooring was missing while some tiles were also missing from a sluice room.

Judgment: Substantially compliant

Regulation 27: Protection against infection

A door between the laundry and sluice rooms which was indicated to be kept closed for infection prevention and control reasons, was seen open during this inspection. While overall the centre was clean and there was evidence of increased cleaning since the previous inspection, the inspector did note some gaps in the cleaning records provided.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While fire safety systems were in place and fire drills were being carried out, the fire safety risk assessment for the centre had not been reviewed since December 2021 to take account of the findings of recent drills and to provide assurance that the resident of this centre could be evacuated in a safe time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

An assessment to determine if one resident could self-administer their own medicines had not been completed for the resident since April 2021 when they lived in another centre. One out-of-date medicine was found in the medicines storage provided. Controlled medicines were seen to be stored along with stocks of PRN medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

While residents had personal plans in place, including in an easy-to-read format, a resident's wound care management plan did not set how often particular interventions were to happen.

Judgment: Substantially compliant

Regulation 6: Health care

There was some inconsistencies in documentation and evidence of consultation relating to particular decisions involving some residents and a particular aspect of their future healthcare support.

Judgment: Substantially compliant

Regulation 8: Protection

No safeguarding concerns were identified during this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection staff members on duty were observed and overheard to interact respectfully with residents. Since the previous inspection the provider had reviewed nightly checks on 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe Lodge OSV-0001966

Inspection ID: MON-0037549

Date of inspection: 11/11/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: 49 additional hours have been approved and are currently in place to support the resident's needs. There are currently no agency staff working at the designated centre, however should it be required the provider will ensure that all regulatory paper work is in place when booking any agency staff and prior to them commencing any shifts at the designated centre. A standalone PIC will be in place in early 2023 and will be supported by a team leader who will have 5 hours administration time weekly. All vacant nursing posts have been offered and accepted, they are currently being processed and should be in place by the end of January 2023</p>	
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>A standalone PIC will be in place in early 2023 and will be supported by a team leader who will have 5 hours administration time weekly. A review of a moderate incident will take place within the next 2 weeks. Supervision of staff and team leads will continue as per our organization governance plan and in line with our policy. The team Lead will continue to submit weekly reports until the PIC takes up her fulltime role. There are currently no agency staff working at the designated centre, however should it be required the provider will ensure that all regulatory paper work is in place when booking any agency staff and prior to them commencing any shifts at the designated centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The floor and the tiles in the laundry and sluice is currently being addressed by maintenance and will be completed by 13/12/2022</p>	
Regulation 27: Protection against	Substantially Compliant

infection	
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The laundry room release door has been disabled so that it now automatically closes. The records for cleaning will be addressed with staff at the next team meeting. The floor and the tiles in the laundry and sluice is currently being addressed by maintenance and will be completed by 13/12/2022</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire risk assessment has been reviewed. Fire drills have been scheduled bi monthly where there are minimum staff(2) and maximum residents (11) on duty so that the provider can be assured of safe evacuation times.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: An assessment in relation to self-administration of medication will be completed for a resident in their current DC. An out of date medication has been placed in the "Return to Pharmacy" box and will be returned. Medication stored with DDA medication has now been removed and is stored safely in the medication cabinet.</p>	
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: A care plan has been reviewed, indicating the appropriate monitoring and timing of interventions, this will continue to be reviewed as the intervention is changed very regularly depending on the presentation of the wound. An assessment will be completed for a resident in relation to the self-administration of medication in his current placement. A PCP meeting will be scheduled for a resident with his family during the Christmas break when a family member living abroad can attend.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The areas highlighted on the day of inspection will be addressed and further consultation with all stakeholders will happen, this will be documented in the care plans identified.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/02/2023
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and	Substantially Compliant	Yellow	28/02/2023

	documents specified in Schedule 2.			
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	13/12/2022
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2023
Regulation 27	The registered provider shall ensure 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.	Substantially Compliant	Yellow	13/12/2022
Regulation	The registered	Substantially	Yellow	28/02/2023

28(3)(d)	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.	Compliant		
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 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.	Substantially Compliant	Yellow	20/12/2022
Regulation 29(4)(d)	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	20/12/2022

	and administration of medicines to ensure that storage and disposal of out of date. unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988), as amended.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	20/12/2022
Regulation 05(4)(a)	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 reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	12/01/2023

Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Substantially Compliant	Yellow	12/01/2023
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