



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

## Issued by the Chief Inspector

Name of designated centre:	Rathbeag
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	23 January 2024
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0033213

## About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of three individual apartments and one bedroom which supports a resident to have free access to the main aspect of the centre. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by social care workers and support workers. Nurse support is also available when required.

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 23 January 2024	15:00hrs to 19:00hrs	Ivan Cormican	Lead
Wednesday 24 January 2024	09:00hrs to 13:30hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was an announced inspection to assist in determining the provider's application to renew the registration of this centre. The inspection was conducted over two days with the first aspect of the inspection occurring in the evening time of the first day and the second occurring the following morning. This approach was taken in order to view different shift patterns and also to observe the lived experience of residents.

The inspector met and spoke with two residents and observed another coming and going from the centre. The inspector did not meet with the remaining resident. In addition, the inspector met with six members of staff and spoke directly with five of these staff in regards to the provision of care in the centre. The inspection was also facilitated by the centre's person in charge and a senior manager attended the centre for the two days of inspection.

This was the third inspection which was conducted by this inspector of this centre. The previous two inspections showed that significant improvements were required in regards to the infection prevention and control arrangements in one aspect of this centre. In addition, a resident previously told the inspector of their unhappiness with their home and in general there had been a significant use in restrictive practices. These practices had been assessed as required due to behavioural and safety concerns, but there was good oversight of this area of care.

This inspection highlighted a significant, evidence-based shift, away from the use of restrictive practices. Although some of these practices remained due to behavioural concerns, many had been removed which had a positive impact on the lived experience of residents. Residents who used this service had high support needs and due to safety concerns, restrictions such as staff supervision, limiting use of technology and access to cooking equipment had previously been applied. The inspector found that significant work had been completed over a number of months in regards to communication, trialling the reduction of restrictions and responding promptly when residents' mental health, generally mood and behaviours had stabilised. Once safe to do so, the provider had reduced the use of restrictive practices, in measured fashion, which had a positive impact upon care.

One resident who was profoundly unhappy with their service on the last inspection, spoke at length with the inspector over the two days. They explained that there had been a lot of changes since they last met with the inspector. They stated that they were feeling much better in themselves and they spoke positively in regards to staff and also how the person in charge frequently popped in for a chat to see how they were. They outlined all the work they were doing in their apartment, how they had de-cluttered and made more room for their art. They also explained how they loved cooking and the provider had facilitated them with counter top cooking equipment. They also explained that they had spoke to the person in charge and there was plans to install a hob for them to prepare more elaborate meals and to invite a

family member over for dinner. They also proudly showed the inspector a new poly tunnel which was recently installed. They spoke about their love of gardening and their plans for the summer when they hoped to have their tunnel in full use.

On the last inspection of this centre, a resident had recently been admitted and they were experiencing a significant decline in their mental health and presented with significant behaviours of concern. Staff and a behavioural specialist who was in the centre discussed the significant progress which had been made in regards to lessening communication barriers which had a positive impact on care. The specialist also discussed the trial and retrial of increasing the resident's access to technology items, which in the past had been a source of stress for them. Staff explained that the latest efforts in regards to technology had been successful and the resident engaged with technology in a more positive manner, using these items as a pastime, to communicate and also to keep in contact with their family.

On previous inspections of this centre there was a tense atmosphere and staff had explained that behaviours that challenge were an on going aspect of residents' presentation. On this inspection, staff were more relaxed. They explained how the reduction in the use of restrictive practices had a positive impact on care. It was also clear to the inspector that residents enjoyed their company. One resident who met with the inspector spoke highly of the staff who supported them and they laughed and joked about the resident's love of a "bargain" when they went shopping. A second resident who met with the inspector was supported by two staff, again they were relaxed in their company and they explained that the staff were nice and how they planned to go to a day service in the afternoon.

The premises was also homely and well maintained. Three residents had their own apartment and one resident had their own living area and had free access to the communal areas of the centre, including an open-plan kitchen/dining and living area. Each resident had personalised their own apartments with art, flowers, indoor plants, photographs with one resident having an extensive display of collectibles.

A resident who used this service had extensive care needs which impacted on their ability to personalise their apartment. However, since the last inspection the provider had acquired additional furniture which met their needs and gave their apartment a more homely feel. Choice boards were also on display which gave them control of their schedule. Photographs were also displayed and the provider had re-introduced some additional personal items which previously been restricted due to their assessed behaviours. The inspector found that these actions by the provider demonstrated that the active review of care had reduced the use of restrictive measures for this resident which had a positive impact on their environment.

This was a very positive inspection in which the provider and management of the centre demonstrated that care had improved from the last inspection and where possible, restrictive practices had been actively reduced or removed. Although there were some adjustments needed in regards to fire safety and medications, overall care was held to a good standard.

## Capacity and capability

The inspector found that there was good oversight arrangements in this centre which promoted the quality and safety of care provided. The centre was also adequately resourced with seven staff supporting residents during day time hours. In addition, there were a number of vehicles for residents to access the community and they had the use of these vehicles at times that suited their schedule.

The centre had a clear management structure which included a person in charge and two shift lead managers who provided support and oversight when the person in charge was not on duty. The person in charge was also supported by a senior manager from within the provider who also provided oversight and support to the centre. It was also clear that each person in the management structure understood their roles and responsibilities which ensured that accountability was promoted in this centre.

There were good oversight arrangements in place which assisted in ensuring that the care which was provided was held to a good standard at all times. The person in charge completed several internal audits on a planned basis in areas such as medications, finances and incident reviews. The person in charge highlighted learning from these reviews in regards to medication management with additional training provided to staff following some recording errors for the administration of medications.

Oversight arrangements included the completion of mandatory audits and reviews as set out in the regulations. A comprehensive and thorough six-monthly audit was completed which examined areas of care including personal planning, medications, fire safety, behavioural support and rights. The audit was completed over two days and gave a detailed account of the service. The auditor met with three residents and included their insights into the service as part of their report. It was clear that the provider valued their opinion and were striving to provide a good quality service. As evidenced in this report the staff team had made significant progress in the reduction of restrictive practices and it was clear that the welfare of residents was to the forefront of care. A separate annual review of the centre was also completed, which again examined residents' experience of the centre and their daily lives. Both reviews highlighted areas for improvement which management of the service were addressing. The inspector found that the arrangements for oversight of care were both robust and person centred which assisted in ensuring that care and support were maintained to a good standard at all times.

The residents were assessed as requiring individualised supports in terms of staffing. Three residents required two-to-one staffing supports during the day and one resident was assigned a single staff member but they required minimal supports from them throughout the day. Staff members who were on duty were observed to have a good rapport with residents and they spoke freely and confidently about their care needs and also their interests. A staff member explained how one resident, who had extensive behavioural support needs, responded best to a

consistent approach from a familiar staff team. This staff member explained in detail the mannerisms which would indicate that the resident was unhappy and also how they brought about a positive intervention on these occasions. Although, staff who were on duty had a good understanding of residents' care needs and two residents told the inspector that they were happy with staff supports, some residents' questionnaires which were completed prior to the inspection indicated that staff members knowledge of their needs could be better.

The inspector found that the provider promoted the welfare of residents by ensuring that a stable staff team was in place and that there was sufficient oversight of care. Although two areas of care required some review, overall residents' care was held to an overall good standard.

### Regulation 14: Persons in charge

The person in charge was in a full-time role and they met the requirements of the regulations. They provided one-to-one supervision sessions with staff and they facilitated team meetings within the centre.

The held this role for two designated centres and they attended this centre two-to-three days each week. They also had a schedule of internal audits which assisted in ensuring that the care and support offered to residents would be maintained to a good standard at all times.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements in this centre were maintained to a good standard. The residents benefited from a consistent staff team and the provider demonstrated that the staff team knew and understood their needs well.

The person in charge also maintained an accurate staff rota and scheduled team meetings and individual supervision sessions facilitated staff to raise any concerns which they may have in regards to the service.

A sample of staff files were reviewed and found to contain all required documents such as vetting disclosures, qualifications, employment references and employment histories which promoted safeguarding in this centre.

Judgment: Compliant



## Regulation 22: Insurance

The provider had appropriate insurance in place as set out in the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

There was good oversight of care in this centre. The provider had completed all audits and reviews as set out in the regulations and the person in charge had a schedule of internal audits which provided assurances in regards to the oversight of care.

The provider's last six-monthly audit found that the centre provided a good quality service and they examined areas of care including personal planning, healthcare, behavioural support and safeguarding. In addition, the centre's annual review provided a comprehensive overview of the service and how it had progressed over the previous year. Residents were actively consulted when completing the six-monthly audit and the annual review which ensured that they were involved in the running and operation of their home.

The centre also had a clear management structure with the person in charge responsible for the day-to-day operation and oversight of care. They were supported by two shift lead managers and an out-of-hours service ensured that managerial cover was available to staff at all times of the day and night.

Judgment: Compliant

## Regulation 30: Volunteers

There were no volunteers in place on the day of inspection; however, the arrangements which were in place supported a resident to meet up independently with their friends.

Judgment: Compliant

## Regulation 34: Complaints procedure

Information on complaints was clearly displayed and the provider had ensured that

there was two people identified to manage all complaints. Information in regards to advocacy was also available and a resident had been recently supported to access this service.

There were no active complaints on the day of inspection and records indicated that previous complaints had been resolved to the satisfaction of residents.

There was an open and transparent culture in regards to complaints with resident's individual key workers discussing and explaining the complaints process at scheduled individualised sessions.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided was held to a good standard. Residents were well supported to engage in activities which they enjoyed and the actions of the person in charge, staff and multidisciplinary team had ensured that, when possible and safe to do so, restrictions were reduced or eliminated.

It was clear that care practices in this centre were kept under regular review with the aim of improving residents' lives. At the time of the last inspection, some residents were going through an unsettled period which resulted in the use of some restrictive practices. However, in the months prior to this inspection, efforts from the person in charge and staff team in regards to communication, facilitating behavioural support review and working with a resident when their natural mood cycle stabilised had a positive impact on care. As mentioned earlier, restrictive practices were assessed as a requirement for residents who used this service. However, there had been a marked reduction in these practices in the weeks and months prior to this inspection. The inspector also found that this reduction was measured and kept under constant review to ensure that the safety of care was maintained.

Residents enjoyed a large range of various activities and there was sufficient resources in place for them to access their local community safely, and at a time of their choosing. One resident told the inspector that they enjoyed attending their day service and they enjoyed creating art and hoped one day to have a display of their work. A meeting they had with the centre's designated officer also highlighted that they liked the staff in the centre and they were helping them to plan a boat trip. Another resident had a love of markets and they told the inspector how staff supported them to attend when the weather was nice. They also told the inspector that they were assisted with their shopping and also how they loved meeting up with an old friend for dinner.

One resident, choose not to meet with the inspector; however, they did wave and

smile as they left the centre to go on a shopping trip. The person in charge explained that they volunteered three days a week in a charity shop and that they were building their confidence to apply for paid employment. This resident was also supported to attend local towns and shops where they could spend some time by themselves without staff support. The person in charge explained that this level of independence was a big step for this resident and they used the time to also meet up with friends. They also explained the guidance supporting this positive risk taking and how the resident liked to know that staff were nearby if they needed them.

Behavioural support accounted for a significant proportion of the care requirements of residents who used this service. Three of the four residents required intense input from the provider's behavioural specialist and they were in regular attendance in the centre. Staff who met with the inspector had a person centred knowledge of associated plans to assist residents with their behaviours and they spoke at length in regards to how best to support them. They explained the importance of technology items for one resident and also how another resident responds positively when facilitated with an assigned number of choices. Although behavioural support was promoted, physical restrictive practices were used in this centre as a last resort when residents placed themselves at risk of injury. Staff who met with the inspector explained all the measures taken to reduce the need for this practice and how they are always seeking to disengage from a physical intervention when it was safe to do so.

The inspector found that the provider, through the actions of the person in charge and the staff team were actively improving the lives of residents, reducing the use of restrictive practices and aiming to improve the rights of residents in this service. Although, some residents had significant care and behavioural support needs, overall the centre was well managed and care was held to a good standard.

## Regulation 10: Communication

Open and active communication with residents was promoted throughout the centre. Information was available in pictorial format where required and information in regards to rights, complaints and achievements were displayed.

English was not the first language for one of the residents and the provider had sought to improve communication with this resident since the last inspection. The resident's contract of care had been translated into their first language and a voice activated translator was under trial on the day of inspection. The person in charge also indicated that the provider was seeking to recruit bi-lingual staff in order to promote communication with this resident.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents had good access to their local community and the inspector observed that residents were out and about on both days of inspection. Records indicated that residents regularly went shopping, to the cinema, had meals out and one resident met up with friends for coffee.

Resident's personal interests were also supported with one resident's love of gardening actively promoted. The provider had recently purchased a growing tunnel for this resident and they outlined their plans for the upcoming growing season.

In addition, a resident was supported to attend voluntary work and they planned to seek out paid employment in the future.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were good oversight arrangements in place in regards to the management of risks and incidents. The person in charge maintained an extensive risk register with risk in relation to significant issues such as self harm, safeguarding and the use of restrictive practices in place. These risk assessments were regularly reviewed and updated to reflect any changes in care and assisted in ensuring that safety within the centre was promoted.

There was also good oversight of incidents with all recorded incidents reviewed by the person in charge promptly. In addition, there had been an extensive review of incidents which had resulted in the use of a physical restrictive. This review examined practice to ensure that they were implemented safely and in line with behavioural support guidance.

Judgment: Compliant

## Regulation 27: Protection against infection

The actions from the last inspection in regards to one area of the centre had been fully addressed. Enhanced cleaning and sanitising routines had been introduced and additional equipment had been sourced which made it easier for staff to clean and sanitise this area of the centre.

The centre itself was also clean to a visible inspection and residents were supported

to clean and maintain their own apartments in line with their own preferences.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety was promoted in the centre and staff who met with the inspector had a good understanding of fire evacuation procedures for each individual resident. The staff team conducted scheduled fire drills and records of these drills indicated that the centre could be evacuated in a prompt manner. Fire equipment such as a fire alarm, emergency lighting and extinguishers were also installed and the provider ensured that a service schedule was in place.

Although fire safety was promoted, some improvements were required, for example, some fire doors were not closing fully when activated and fire procedures, relating to the zones within the centre, were inaccurate.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

In general, medication management was held to a good standard. A staff member explained the procedures for the safe administration of medications and they were found to have a good knowledge in this area of support. The person in charge also completed regular audits of medication practices. Recent audits found that improvements were required in regards to recording of administrations and additional training was provided to resolve this issue.

The provider also promoted independence in this area of care and one resident was assessed as being able to manage their own medications. Although this was a positive approach to medications, some improvements were required to supporting documentation. For example, the required risk assessment required updating to reflect actions taken and procedures which were in place to ensure that the resident could safely self administer. In addition, staff continued to sign for the administration of these medications even though the resident had self administered, this process also required further attention to ensure the recording of the resident's self administration was accurately captured.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

There was good oversight of behavioural support and the three residents who required assistance in this area of care had comprehensive positive behavioural support plans in place. A specialist in behavioural therapy attended the centre regularly and they provided ongoing support to both residents and staff.

Staff who met with the inspector had a good knowledge of behavioural support plans and they also explained that restrictive practices were implemented as a last resort.

As mentioned throughout this report, the provider had also made significant changes with the use of some restrictive practices removed following an extensive review. Residents reported that they were happier as a result.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding was actively promoted in this centre and the designated officer regularly attended to discuss safeguarding and self care with residents. Resident's key workers also discussed safeguarding at individual sessions which also assisted residents' awareness of safeguarding.

There was one active safeguarding plan in place on the day of inspection which had been recently reviewed. In addition, there was also a collective plan for the promotion of safeguarding for one resident who, in the past, had raised several concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, the inspector found that the provider, person in charge and the staff team were aiming to promote residents' rights. Residents were actively consulted in regards to their own care and also the running and operation of their home.

Residents also had sufficient staff numbers in place to support them with their personal interests, hobbies, volunteering and to engage in activities which they enjoyed. In addition, the reduction in the use of some restrictive practices had a positive impact on rights in the centre, with some residents reporting that they were much happier as a result.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0033213

Date of inspection: 24/01/2024

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>1. A revised plan of the Centre with the fire zones clearly visible was created and put on display and the outdated one removed.</p> <p>Completed: 24 January 2024</p> <p>2. A maintenance technician attended the Centre and undertook work to ensure that all fire doors were closing fully when activated.</p> <p>Completed: 24 January 2024</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:</p> <p>1 The risk assessment for the individual self-medication will be reviewed with their treating psychiatrist and be reflective of actions taken to support the individual to self-medicate.</p> <p>Due Date: 30 March 2024</p> <p>2 Individuals who self-administer medication will complete their own Medication Administration Record (MAR) chart as part of the updated risk assessment.</p> <p>Due Date: 30 March 2024</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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	24/01/2024
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	24/01/2024
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	Substantially Compliant	Yellow	30/03/2024

	ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
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	30/03/2024