

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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	The Rehab Group
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	07 May 2024
Centre ID:	OSV-0003399
Fieldwork ID:	MON-0035489

About the designated centre

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

The designated centre is located in County Meath on the outskirts of a town. It is operated by the Rehab Group and provides respite services on a five or six day week basis to children with a disability between the ages of six to 18 years of age. People with Autism, intellectual, physical and sensory disabilities are supported in this centre by a team of care workers, team leaders and a person in charge. The centre has capacity to accommodate five children at a time in the house. The centre provides respite care for a maximum of 80 children. The centre is a detached bungalow which consists of a living room, a sitting room, sensory room, large kitchen with a dining area, a utility room, a staff sleepover room and five individual bedrooms. There was a well-maintained enclosed garden to the rear of the centre containing suitable play equipment. The activities on site includes access to a garden, sensory activities, toy room, computer games, tricycles, swings, sandpit and trampoline. In the community there is access to a playground, GAA facility, running track, play centres, cinema, beach walks, swimming, walks and shops.

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 7 May 2024	09:30hrs to 17:40hrs	Karena Butler	Lead

What residents told us and what inspectors observed

Overall, on the day of the inspection, the inspection findings were very positive. The inspector found that good quality care and support was being provided to residents in line with their assessed needs.

However, some improvements were required with regard to communication and medicines and pharmaceutical services. These areas will be discussed in more detail in following sections of the report.

This centre is a children's respite centre. Children either attended overnights in the centre or centre staff facilitated certain children to have outreach for some hours. The inspector had the opportunity to meet the four residents that were attending the centre for an overnight respite break. Three residents were collected from school by the centre staff and one resident was dropped to the centre by their parent.

Some residents, with alternative communication methods, did not share their views with the inspector, and were observed at different times during the course of the inspection. Residents were observed to freely move around the centre and staff provided supervision as required.

One resident spoke briefly with the inspector and said the centre and staff were nice.

On the day of the inspection, two residents went out with staff for a forest walk and played in the playroom. The other two children went out to a park and played with the centre's toys upon return.

Over the course of this inspection, the inspector observed that the staff on duty were reflected accurately on the scheduled roster. There were six staff on duty including the person in charge. The inspector had the opportunity to speak with five staff members. The children appeared comfortable in the presence of staff members as they were observed to smile at the staff at different times or play with the staff. Staff were observed to follow the children's non-verbal cues. For example, one child stuck their feet in the air towards the staff member and the staff explained that the child wanted staff to give their feet a quick rub, which they did.

The provider had arranged for all staff to have training in human rights. One staff member spoken with said that, the training promoted the importance of giving choice to the children.

The inspector observed the centre to have sufficient space both inside and outside for the children to have room for privacy, relaxation and play. It was observed to be clean and tidy.

Each resident had their own bedroom for their respite stay. There was adequate storage facilities for their personal belongings that they brought for their stay. Bedrooms were observed to be individually decorated with child friendly brightly coloured murals on the walls.

There was a front and back garden with the front garden being mainly used for parking. The back garden was observed to be large with different areas for children to explore and play. There was garden seating available, a trampoline, water and sand play tables, a play house and a sensory area with colourful plants and drums.

As part of this inspection process, residents' views were sought through questionnaires provided by the Health Information and Quality Authority (HIQA). Feedback from the questionnaires was returned by four residents' by way of family representatives. The questionnaires demonstrated that they were happy with all aspects of the care and supports provided in the centre. For example, one family representative communicated that staff in the centre were highly trained, competent, professional and provided excellent individualised person-centred care. Another family stated that the staff knew the child's likes/dislikes and offered choices and listened to the child when they made a choice. Another family communicated that staff worked as a team and were kind and patient. They went on to say their child was always happy to pack their bag for going to respite. The last family member communicated that their child loved going to the respite centre and that the staff knew the child very well.

The inspector also had the opportunity to speak to one family representative when they dropped their family member to the centre. They communicated that the care their family member received in this centre was second to none, 'beyond amazing' in every way and their child always looked well returning from their respite break.. They also stated they didn't have a single problem but if they did they would go straight to the person in charge.

The provider had also recently sought family views on the service provided by way of questionnaires. Communication received demonstrated that other parents who availed of the service for their child were for the most part very happy with the service. The inspector observed that there was a scoring system for each question asked in the questionnaires which were rated one to five, with five being the highest. Scores received, rated from three to five with the majority being scored either four or five and none rated below a three. One family stated that it was a wonderful service and staff. Another said they were really happy with the service provided.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

This inspection was undertaken following the provider's application to renew the registration of the centre. This centre was last inspected in December 2022 where an infection protection and control (IPC) only inspection was undertaken. It was observed at that inspection that for the most part there were good arrangements and practices in place to manage infection control risks. Any actions from the previous inspection had been completed by the time of this inspection.

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. For example, in order to provide appropriate oversight the provider had completed an annual review and unannounced visits to the centre as per the regulations and there were other local audits completed by the centre management team.

The inspector reviewed a sample of rosters and they indicated that there were sufficient staff on duty to meet the needs of the residents.

Professional development was facilitated through formal supervision arrangements and access to training and development opportunities in order to carry out their roles effectively, for example people manual handling.

The provider had suitable arrangements in place for the management of complaints. For example, there was an organisational complaints policy in place.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced to fulfil the requirements of the role. They were employed in a full-time capacity managing this centre. They were supported in their role by three team leaders.

The person in charge demonstrated that they had a clear understanding of their remit under the regulations. For example, they had given notice of all adverse incidents, as outlined in the regulations. They also demonstrated throughout the inspection that they were very familiar with the residents assessed needs and what supports they required.

A staff member spoken with communicated that they would feel comfortable going to the team leaders or the person in charge if they were to have any issues or concerns and they felt they would be listened to. They stated that the service was well run and that they had no concerns.

Judgment: Compliant

Regulation 15: Staffing

A sample of rosters were reviewed over a four month period (February to May 2024). They demonstrated that there was sufficient staff in place at the time of the inspection to meet the needs of the residents. There was a planned and actual roster maintained by the team leaders with oversight from the person in charge. The inspector observed that the rosters accurately reflected the staffing arrangements in the centre.

Staffing arrangements took into consideration any changing or emerging needs of residents. For example, depending on the children attending the respite service, staffing patterns at night time could change from the traditional one waking night staff and one sleeping staff on duty to two waking night staff.

The provider facilitated continuity of care for the residents. One method by which this was achieved was when team leaders reduced their administration hours and filled in for front line shifts as required.

Staff personnel files were not reviewed as part of this inspection process.

Judgment: Compliant

Regulation 16: Training and staff development

There were mechanisms in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in areas determined by the provider to be mandatory and additional training to support the assessed needs of residents.

For example:

- children first (safeguarding children training)
- fire safety
- PEG (percutaneous endoscopic gastrostomy)
- Autism awareness
- diabetes
- aseptic techniques
- medications management

Staff had received additional training to support residents, for example staff had received training in human rights. Further details on this have been included in what residents told us and what inspectors observed section of the report.

The inspector also reviewed four staff supervision files and they demonstrated that there were formalised supervision arrangements in place as per the frequency of the organisational policy. For instance, all staff received four formal supervision sessions within a calendar year in order to promote staff development and to give staff an opportunity to raise any issues they may be having. Supervisions were scheduled in

advance and reflected on the staff rosters to ensure all involved ensured they took place.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined management structure in the centre which consisted of team leaders, the person in charge and the regional manager (who was the person participating in management for the centre). There was an on-call system in place for evenings and weekends for the organisation for when staff members required assistance or advice. The list describing who was on-call each evening was displayed within the centre. The inspector observed the completed list from April to September 2024.

The provider had arrangements for unannounced visits and an annual review of the service to be completed as per the regulations.

There were other local audits completed to assess the quality and safety of care and support provided to residents in the centre. For example, the team leaders completed weekly compliance checks, such as reviewing admission forms and they also completed infection prevention and control (IPC) checklists. The person in charge or team leaders completed monthly audits that included areas like complaints, supervision and training, staff meetings, medication and residents' files.

From a sample of five team meetings, they were occurring monthly and incidents were discussed and shared learning promoted.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. There were designated complaints officers nominated. There had been eight complaints in 2023 and four complaints in the centre from January 2024 to date. Complaints were observed to be suitably recorded, reviewed and resolved. For example, one parent had asked for the centre to ensure their child's technology device was charged when the child went to sleep to ensure it was ready for them the next day in order to avoid the child becoming frustrated. The person in charge discussed same with the parent and the outcome was discussed with the staff team to ensure learning.

Judgment: Compliant

Quality and safety

Overall, the residents were receiving care and support which was in line with their assessed needs and facilitated them to have fun on their respite breaks. However, as previously stated some improvements were required in relation to communication and medicines and pharmaceutical services.

The provider had ensured that the health needs of the residents were known and there were corresponding healthcare plans in place to guide staff on how best to support the residents, for example epilepsy care plans.

The inspector reviewed restrictive practices and while there were some in place, for example lap belts used for residents in wheelchairs, they were assessed as necessary for the safety of the residents and subject to review. Where required, residents had been access by a behaviour specialist to support them to manage their behaviour positively.

From a review of the safeguarding arrangements in place, the provider had adequate safeguarding arrangements in place to protect residents from the risk of abuse. For example, staff had received training in child safeguarding.

The inspector observed that staff were promoting residents' communication; however, recommendations from one resident's care plan was not being followed through on within the centre.

Residents had access to many opportunities for leisure and recreation while on their respite breaks.

The inspector observed the premises was clean, tidy and in a good state of repair. There was a residents' guide that contained the required information as set out in the regulations.

There were systems in place to manage risk and fire safety. For example, there were a number of risk assessments on file to ensure risks were reviewed and appropriate control measures to mitigate risks were implemented. Fire drills were completed periodically and each resident had a personal emergency evacuation plan (PEEP) in place.

The inspector observed that medicines were found to be received and stored appropriately while residents were on their respite breaks. However, improvements were required to ensure that spare equipment stored in the centre, that could be used to support residents, was still within its expiry date and if not disposed of appropriately.

Regulation 10: Communication

The inspector observed that the residents had access to televisions, phones and Internet within the centre.

Residents' communication styles were documented in their personal plans and from speaking with the person in charge and a staff member they were familiar with how best to communicate with the residents. There were many picture boards displayed around the centre internally and externally to facilitate communication. For example, there were pictures displayed to support children around bed time routines and picture boards to support children to communicate their emotions. At the March 2024 team meeting, staff were being encouraged to promote the use of visuals and the emotion cards to facilitate the children to communicate more effectively.

However, from a review of one resident's communication assessment completed by a speech and language therapist, the inspector observed that the centre had not followed through on the communication recommendations made by the therapist. Therefore, the inspector was not assured that the child's communication needs were being appropriately addressed. This had the potential that the communication needs were not familiar to staff to ensure that the child could communicate appropriately while staying in the centre.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The centre had many areas for indoor and outdoor child friendly play. There was a sensory room with a sensory cave that had bluetooth to play music and a play room with different toys. The back garden had many areas to explore and many items to play on or with, for example sand and water play tables, drums and trikes.

Residents were provided opportunities to take part in activities that matched their interests, capacities and developmental needs. The inspector reviewed a sample of three residents' respite stays from February to April 2024 and found that the children were taking part in activities, such as going to playgrounds, trampoline parks, going to soft play centres, making play dough and going out for something to eat.

They were supported with transport to and from their school when attending the respite centre. Within the centre, each resident had opportunities for play and to develop life skills. The staff were promoting the children's independence and had action plans in place to demonstrate what each child was working on while in the centre. For example, from a sample of five children's documentation they were being encouraged to put away their dishes, vacuum a room after an activity, make

their bed and pour their own drinks.

Judgment: Compliant

Regulation 17: Premises

The premises was observed to be clean and tidy. There was lots of space for the residents to have recreation and relaxation.

There was a suitable external area for the children to have age-appropriate play and recreational facilities.

There was adequate storage facilities for the items that the children brought from their home for their respite break. The bedroom walls were each individually painted with bright child friendly murals.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide that contained the required information as set out in the regulations that was made available in the hallway. For example, it explained that there would be a contract of care that explained the terms and conditions of attending the respite centre.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

There was a risk register in place and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Risks specific to individuals, such as falls risks, had also been assessed to inform care practices. For example, a yellow line was painted along where the back footpath met the start of the grass. This was completed in order to make the change in the surface more visible after a resident fell.

The inspector saw documentary evidence that equipment used to support residents in the centre was serviced within the last year. For example, the hoists and hi lo adjustable height beds available for use in the centre.

The inspector also observed that the centre's vehicles were taxed, insured and had up-to-date a national car test (NCT) or were booked in to receive an NCT. The centre had also received an annual boiler service.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable fire safety equipment provided that was serviced when required, for example the fire alarm and emergency lighting were serviced quarterly and the fire extinguishers were serviced annually. For example, the fire extinguishers were last serviced on 1 May 2024.

There was a procedure for the safe evacuation of residents and it was proximately displayed. In addition, from a sample of six residents' documentation it demonstrated that each resident had a PEEP in place to ensure staff were adequately guided as to how best to safely evacuate them.

Regular fire evacuation drills were taking place. They contained details of scenarios used that recorded the possible source of the fire. The inspector saw evidence that an hours of darkness drill was completed to ensure that minimum staffing with maximum resident numbers could be safely evacuated from the centre at night.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Prescribed medicines were dispensed by each resident's local pharmacy. The inspector observed that there was appropriate storage for each resident's medicines when attending the respite centre. Each resident had a locked box within the medicines cabinet and their picture was displayed on the front of the box during their stay. Any medicines for return to the pharmacy were sent home to the resident's family for return to their own pharmacy.

There were medication audits being completed every six months in order to provide oversight over medication management. The inspector observed, from a review of four residents' documentation of their medicines prescriptions and recording sheets, that any medicines administered to residents were prescribed to them and appropriately recorded.

However, the provider had not ensured that all equipment used in the administration of medicines was fit for purpose as some spare equipment that was stored in the centre were passed their expiry date. For example, tubing that could be used for enteral feeding (a tube that provides access directly through the stomach or small intestine) was observed to be past its recommended shelf life, having expired in November 2023. Additionally, two medical packs for PEG dressings were found to be expired since 2018. As such, the inspector was not assured that they were safe to use. In addition, two boxes of antigen tests were found to be expired since September 2022 and would therefore not be effective for use. While the person in charge did arrange for the removal of the expired items, improvement was required to the oversight measures with regard to stock control.

Judgment: Substantially compliant

Regulation 6: Health care

The healthcare needs of residents were suitably identified. From a sample of five residents' files, healthcare plans outlined supports provided to residents to experience the best possible health. Those plans were observed to be reviewed and signed by relevant allied healthcare professionals as required, for example speech and language therapist or a general practitioner (GP).

For example, there were plans in place as required for:

- eating, drinking and swallowing
- epilepsy
- asthma
- PEG

Some of the residents were on modified diets and a staff member spoken with was aware of the residents' specific needs in this area.

As this was a respite centre, residents were facilitated to attend healthcare appointment with their families. The person in charge communicated that the centre staff would facilitate emergency visits to the GP or hospital if required.

Judgment: Compliant

Regulation 7: Positive behavioural support

While there were some restrictive practices used within the centre, they were assessed as being required for residents' safety and subject to review. For example, window opening restrictors on some windows and some children used a harness while in the vehicles to prevent them from opening their seatbelts while the vehicles

were moving.

Restrictive practices were used as a last resort and for the shortest duration of time, for example window restrictors were removed when not required and only used on the windows to the front of the house. Staff had received training in restrictive practices.

From a sample of six behaviour support plans, they demonstrated that where residents presented with behaviour that may cause distress to themselves or others, the provider had arrangements in place to ensure those residents were supported. They were completed by a behaviour therapist in order to guide staff as to how best to support the residents. Staff had also received training the area of positive behaviour supports that included de-escalation techniques to ensure they had the appropriate skills to support the residents in this area.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. For example, staff were trained in child safeguarding. One staff spoken with was clear on what to do in the event of a safeguarding concern.

Potential safeguarding risks were reported to the relevant statutory agency and any potential safeguarding risk was reviewed and where necessary, a safeguarding plan was developed.

The organisation had a child protection policy in place dated May 2023. It stated that the organisation took a zero tolerance approach to abuse. It stated that each centre with children should have a child protection statement proximately displayed. The inspector observed that to be in the hallway of the centre. This demonstrated that the centre was following the organisational policy.

From a sample of three residents' intimate care plans all of which were reviewed within the last year, they were found to provide clear information as to how staff should support residents in this area.

From a sample of three residents' financial documentation, the inspector observed that staff members were recording any expenditures of the residents' money and any money left over at the end of the stay was returned home with the resident.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Meadows OSV-0003399

Inspection ID: MON-0035489

Date of inspection: 07/05/2024

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 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <ul style="list-style-type: none"> • The communication section of the child's support plan has been updated with relevant information to guide staff practice. • A new template has been developed and will become part of each child's file to ensure that staff members have clearer guidance on appropriate methods of communication with each child in the service. The new template will be part of the assessment pack going forward. All children's files will be updated with this new template by 31.8.24. 	
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> <ul style="list-style-type: none"> • The expired dressing packs and antigen tests have been discarded and replaced with new ones. • To ensure going forward that no out of date items are available in the service the weekly service audit has been updated to include checking of rarely used stock. 	

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(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	31/05/2024
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.	Substantially Compliant	Yellow	31/08/2024
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,	Substantially Compliant	Yellow	31/05/2024

	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.			
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