

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

## Issued by the Chief Inspector

Name of designated centre:	Dárog Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	13 June 2024
Centre ID:	OSV-0004065
Fieldwork ID:	MON-0034146

## About the designated centre

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

Darog services provides a residential service to those with an intellectual disability who require support ranging from minimum to high levels of care needs. The service can accommodate both male and female residents from the age of 18 upwards. The service can accommodate up to four residents at a time and operates seven days a week. The centre comprises of one two-storey dwelling which provides residents with their own bedroom, some en-suite facilities and shared bathrooms, a kitchen and dining area and sitting room. There is a secure garden area to the rear of the centre that residents can access as they wish. Ramped entry and exits are also available to residents. There is also a compliment of staff to support residents during both day and night time hours.

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

Number of residents on the date of inspection:	3
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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
Thursday 13 June 2024	09:00hrs to 14:00hrs	Ivan Cormican	Lead

## What residents told us and what inspectors observed

This was announced inspection following the submission of the provider's application to renew the registration of the centre. The inspection was facilitated by the centre's person in charge and also by a social care leader who held responsibility for the day-to-day running provision of care. The inspector met with three full-time residents, and also three staff members who were on duty. The centre had a specific bedroom for emergency respite, however, there were no respite using the service on the day of inspection. The person in charge also stated that emergency respite had not been offered in the centre for a prolonged period of time.

The inspector found that residents who used this service had a good quality of life. They were supported by a kind and considerate staff team, who knew their needs well, and they were observed to have a good rapport. Although care was generally held to a good standard, the inspector found that significant improvements were required with regard to community access for all residents at weekends.

The designated centre had a very homely atmosphere and each resident had their own bedroom. Residents had decorated their bedrooms in line with their own tastes, with each displaying photographs of families and also special occasions. Each bedroom was comfortably furnished and was also cosy and warm in appearance. Two of the bedrooms have ensuite facilities and there was an ample number of shared bathrooms and toilets. The centre had undergone significant renovations and maintenance since the last inspection. A new bathroom suite had been installed and the previous bath had been replaced with the walk-in shower. The flooring had also been replaced and new tiling installed which give the bathroom a bright and modern feel. The centre had also been painted throughout and additional plans were in place to modernise the open plan kitchen in the coming months. In addition, the rear garden had been comprehensively renovated with a new patio and artificial grass installed so that residents could use this area the whole year round. Staff reported that residents really enjoyed this new garden area and that one resident loved to use the swing chair when they returned from their day services.

The centre had a very pleasant feel, and residents went about their own affairs at a leisurely pace on the morning of inspection. The inspection began at 9 AM and residents were up and about, and ready for the day ahead. Two residents attended day services five days a week, and one resident had an integrated/wraparound service which operated from the designated centre. Staff reported that one resident had recently returned to a full-time day service, and that this was working out really well for them. The inspector observed that both residents appeared to enjoy going on the bus that morning, and one resident waved and said goodbye to staff as he left. The remaining resident who did not attend day services, was awaiting a visit from their mother and aunt. Staff reported that they really looked forward to these weekly visits and they enjoyed the trip out with their family. The resident's mother, took time to speak with the inspector and the highlighted a high level of satisfaction with the service their daughter received. They stated that the staff team "couldn't

be better" and that access to allied health professionals such as physiotherapy was prompt and readily available.

Throughout the morning of inspection, the inspector observed that staff kept residents informed and up-to-date in relation to plans for the upcoming day. Residents had some verbal skills, and staff were observed chat and interact warmly with them. It was clear that residents were comfortable in each other's presence and also in the company of staff. Staff were kind and caring when interacting residents, and it was clear that their welfare and well-being was actively promoted. The staff were on duty also had a good knowledge of the residents' collective care needs and they spoke competently about their preferred activities, likes and dislikes, and also behavioural needs which they may have.

Overall, the inspector found that this was a pleasant place in which to live. Residents appeared to enjoy living in their home and they were supported by a consistent staff team who were familiar with their individual needs. Although, the delivery of care was held to a high standard in the majority of areas examined, significant improvements were required in regards to community access at the weekends for residents. This issue will be discussed in the subsequent sections of this report.

## Capacity and capability

The inspector found that the oversight of day-to-day care was held to a good standard. The provider had appointed a full-time person in charge and also a social care leader, both of whom were actively involved in the governance of the centre. Although, care was generally held to a good standard, this inspection highlighted that significant improvements were required in regards to community access for residents at the weekends. Residents had a good level of community access, in line with the preferences, during weekdays, however, the opportunities for community engagement were limited at the weekends, due to residents' combined behavioural, personal and safety needs. Staff reported, that these collective needs, meant that residents were limited with the quality of community access on Saturdays and Sundays.

Residents who used the service had behavioural, health and also safety needs. They enjoyed each other's company and were observed to get on well with each other on the morning of inspection. Staff explained to the inspector that residents enjoyed social outings including going to the cinema, meals out and also shopping. Residents who used the service had individualised needs, and staff explained that one resident was resourced with the two-to-one staffing ratio for community access during the weekdays. This was in place due to their behaviours of concern, and to promote safe access to the community. Although this resident was not formally assessed as requiring two-to-one, this resource was provided during weekdays, however, it was not available at weekends. The other two residents also required a high levels of

support when accessing the community due to their safety and medical histories. This designated centre had two staff in place at all times, and although this met their personal and social needs during weekdays, evenings and night time, this arrangement did not facilitate residents to have free access to the local community on Saturdays and Sundays. Although residents did go out at the weekends, they all went out together but their interaction with the community was limited. The inspector reviewed records which indicated one resident did not have meaningful community activities at the weekends, for a number of previous weeks. The inspector found that resources within the centre required further examination to ensure that residents could freely access the local community at a time of their choosing.

Although resources within the centre requires further examination, the inspector found that the local governance and oversight arrangements were held to a good standard. The person in charge and the social care leader who facilitated the inspection were found to have detailed knowledge of the residents' health, social, personal, safety and behavioural care needs. The social care leader held responsibility for the centre's day-to-day management and they conducted regular audits and reviews of care. They facilitated the staff team meetings and also individual supervision sessions. The person in charge held overall responsibility for the centre and they completed its annual review and responded to actions which were generated from the provider's six monthly audit.

The staff team who were on duty on the day of inspection were found to have detailed knowledge of the resident's individual and collective care needs. The interacted with residents warmly throughout the inspection, and residents were observed to approach them when they required assistance or help. Staff spoke confidently about residents' behavioural and safety needs and they also described what residents liked and disliked in terms of the delivery of their care. They also had a good knowledge of residents' health care needs, including the use of a rescue medication. In addition, the provider ensured that staff had suitable training in areas such as safeguarding, fire, and supporting residents with behaviours of concern. Staff had also received training in relation to the safe administration of medications and supporting residents with modified diets.

Overall the inspector found that this centre was a pleasant place in which to live. The previous two inspections of the centre demonstrated that a good level of care was offered on a consistent basis. Although, this inspection found that supporting residents to access the community at weekends required further review, the majority of other regulations which were inspected were found to be held to a good standard.

## Regulation 15: Staffing

The person in charge maintained an accurate staff rota which clearly accounted for the day and night-time staffing arrangements in the centre. Two staff supported

residents during the day and a sleep in and waking night staff arrangement was in place during night-time hours.

The provider ensured that a familiar and consistent staff team was available to residents and the inspector found this had a positive impact on the delivery of care.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a mandatory and refresher training programme in place which assisted in ensuring that staff could meet the assessed needs of residents. Staff had completed training in areas such as behavioural support, fire safety and safeguarding. Additional training was also completed in regards to modified diets and the administration of rescue medication.

The provider also facilitated team meetings and scheduled support and supervision sessions with the person in charge. The inspector found that these arrangements promoted an open and transparent culture and gave staff a platform to discuss care and any concerns which they may have.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had a management structure in place with clear lines of authority and accountability. The centre's person in charge attended the centre on a regular basis and they were supported in their role by a social care leader. Both individuals had a good understanding of their roles with each holding responsibility for defined areas of care in the centre.

The provider was aware of the requirement to complete an annual review of the centre and also to conduct six monthly unannounced audits of care practices within the centre. The provider's six monthly audit found that care was generally held to a good standard with minor issues found on the centre's most recent audit. The centre's annual review also provided for consultation with residents. This consultation show that residents had a high level of satisfaction with the service, including choice and community access.

The provider also ensured that the centre was adequately resourced in regards to access to allied health professions, transport and equipment. The provision of a full-time staff team and regular relief staff, who knew the residents needs well, promoted consistency of care. However, staffing resources required further review to ensure that residents had ample opportunity to access their local community at



the weekends.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There were no active complaints on the day of inspection, and the inspector found that there was an open and transparent culture within the centre.

The provider had a complaints policy in place and procedures in regards to making a complaint were clearly displayed in the centre. Residents were made aware of how to make a complaint at their weekly meetings and a family member who met with the inspector stated that they would have no issue in regards to making a complaint and the felt that any issues which they may have would be dealt with promptly.

Judgment: Compliant

### Quality and safety

Overall the inspector found that the centre was a pleasant place in which to live, residents' rights were actively promoted and they were supported by your kind and considerate staff team. Although, there were many positive aspects to this inspection, improvements were required in regards to support offered to residents to freely access their local community at the weekends.

As mentioned earlier in the report, residents had good access to the local communities during weekdays. One resident had a two-to-one staffing arrangement from Monday to Friday and they enjoyed a good range of activities. The remaining two residents attended day services Monday to Friday and staff reported that they were generally tired in the evenings when they returned and preferred house based activities. However, the inspector found that improvements were required in regards to community access for all three residents at the weekends. Staff reported that due to residents' combined behavioural, safety and medical care needs it was not feasible for each resident to access the community for activities at a time of their choosing at the weekends. Staff reported, and records showed that residents generally accessed the community as a group of three at the weekends. Records reviewed showed that activities at the weekend generally involved a drive and a walk when the weather permitted. Records also showed, that one resident did not have a meaningful community-based activity, at the weekend, for several weeks prior to this inspection. Staff reported that residents enjoyed going to the cinema, swimming and having meals out, however, these activities could not be offered at the weekends. The inspector found that staffing arrangements in the centre,

required further review to ensure that residents could access the local community when they wished, and at a time of their choosing.

Although improvements were required in regards to community access, the inspector found that residents' rights were generally well supported. Residents had their individual passports, and had also recently voted in the local and European elections. The inspector observed that residents were treated with dignity and respect throughout the morning of inspection. Staff members on duty chatted freely with them, and kept them updated in regards to plans for the day ahead. Residents also attended weekly meetings in regards to the running and operation of the home. At these meetings staff took the opportunity to inform residents of topics such as advocacy, complaints, human rights and assisted decision-making. It was clear from observations and records reviewed that residents were the sole focus of care and that their well-being and welfare was clearly promoted.

Residents had comprehensive personal plans in place, which clearly outlined their individual care needs and also how the preferred to have the care delivered. Personal plans were reviewed formally on an annual basis and also throughout the year to reflect any changes in their care needs. As part of the annual review, residents were supported to identify personal goals which they hoped to achieve in the coming year. Goals for 2023 which have been achieved for one resident included getting a passport, going to a theme park, going on a boat trip and also attending the disco. Annual reviews for 2024 had just occurred and goals for one resident included going to a concert, volunteering for dog walking, holiday in Center Parcs and also to redecorate their bedroom. Within the personal planning process, residents were also supported to identify areas where their independence could be promoted, for example, a resident had plans in place in regards to making tea independently, using their mobile phone and also further independence with their personal care.

The inspector found the residents enjoyed living in the home and they were supported by a staff team who knew their needs well. In general, care was held to a good standard in the majority of regulations which are examined. However, as mentioned above and in the previous section of this report, community access for residents at the weekends required for the review.

## Regulation 11: Visits

There were no restrictions in regards to visits in the centre. The centre had ample room for residents to receive visitors in private, and a family member who met with the inspector stated that they always felt welcomed in the centre. Residents were also supported to go home to visit their families and records showed that there was regular communication between residents and the representatives.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had their own bedrooms and they had ample storage for their personal possessions such as clothes, valuables and items which had personal meaning to them.

Residents were also supported with their personal finances, with all residents having accounts in financial institutions. Residents required support with spending and detailed records were maintained, by the provider, of all financial transactions completed on their behalf. The inspector reviewed records for two residents and found that receipts were in place for all cash and cashless transactions. The person in charge was completing regular reviews of spending, and overall inspector found that residents' finances were safeguarded.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents who use the service required support to access the local communities due to their behavioural, safety and health care needs. One resident had a wraparound service and they had good access to the local community during the working week. The remaining two residents both attended day services and staff reported that they like to remain in the centre when they returned from the respective day service. Staff also reported that residents enjoyed swimming, going to the cinema and having meals out.

The centre had two staff present at all times and although this arrangement met the social needs of residents during the week, the provider failed to demonstrate that this arrangement facilitated residents to have a good range of community access at the weekends. Records which were reviewed by the inspector showed that a resident did not have a meaningful, community-based activity for a number of weeks prior to this inspection. Staff also reported, that residents generally went out as a group at the weekend, and there was little opportunity for residents to engage in meaningful individualised activities, which they enjoyed. The inspector found that this arrangement required for the review to ensure that residents had ample opportunity to access the local community at all times.

Judgment: Not compliant

## Regulation 17: Premises

The centre was warm, bright and had a homely feel. The premises had undergone significant renovation since the last inspection and it was clear that the centre was maintained to a good standard. A new bathroom had been installed and additional painting had been completed to the interior of the building. The person in charge also explained that the centre's kitchen was awaiting modernisation and there are also plans to renovate the centres main reception room.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had a system in place to record and respond to adverse events, with all recent events responded to in a prompt manner.

The person in charge held the responsibility for managing risks within the centre. There were a number of identified risks pertaining to care and all known risks had a comprehensive risk management plan in place. Known risks included road safety, behaviours of concern and choking.

Staff who met with the inspector had a good understanding of risks in the centre and also associated control measures which promoted safety in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire precautions were held to a good standard. The inspector observed that fire doors were installed to protect evacuation routes with additional maintenance carried out on the day of inspection to ensure that all doors were functioning properly. The centre also had a fire detection/alarm system and emergency lighting, both of which had completed service schedules in place.

The staff member on duty had participated in several fire drills and they clearly described how residents was supported to evacuate in a prompt manner. The provider had conducted a number of fire safety drills which indicated that all staff and residents could evacuate the centre in a prompt manner. In addition, the provider had the centre's fire procedures clearly displayed and there was also individualised evacuation plans for residents which outlined the evacuation requirements.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The centre had appropriate storage facilities in place for medicinal products and the inspector found the storage was locked and secure on the day of inspection. Staff had received training in the safe administration of medications and a review of prescription sheets indicated that all required information for the safe administration of medications was in place. In addition, a review of administration records indicated that residents receive the medication as prescribed.

However, some improvements were needed, as an out of date 'as required' medication had not been returned to the pharmacy. In addition, a topical cream, did not have a date as to when it was opened, to ensure it was used accordingly.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place which was reviewed to reflect changes and also at least on an annual basis. Personal planning contained and all about me needs assessment which clearly outlined the supports the residents required to be safe and live a good quality of life.

The centre was in the process of trialling a new goal setting programme, and the person in charge outlined how residents were going to be involved in this process. Plans were in place for residents to be assigned key workers who would schedule monthly meetings with residents in order to keep them updated on progress made with the goals.

Judgment: Compliant

## Regulation 6: Health care

Residents and comprehensive care plans in place in regards to the health care needs. These plans were reviewed on at least an annual basis and giving good outline as to resident' care requirements. Residents were reviewed by the general practitioner on at least an annual basis and also in times of illness. In addition, residents had also been seen by specialist consultants in regards to the change in health care needs.

Judgment: Compliant

## Regulation 9: Residents' rights

It was clear that resonance rights were promoted by the actions of the staff team and also the provider. Residents had their own passports, were supported to vote and the resident had recently applied for Public services card. Residents also attended weekly house meetings where they were kept up-to-date in regards to the running and operation of the home. Information in regards to advocacy was also clearly displayed in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Dárog Services OSV-0004065

Inspection ID: MON-0034146

Date of inspection: 13/06/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC and Area manager reviewed staffing levels in line with Statement of Purpose and current staffing WTE is in line with Statement of Purpose to meet the needs of the individuals but changes are required as to the allocation of staff hours.</p> <p>PIC and Team Leader reviewed the staffing roster, engaged with staff individually and team meeting held on 9th July to discuss rosters changes. Going forward there will be reduction on staffing levels during the week day of 7 hours as two of three individuals attend day services and the other individual has one to one support, these hours will be targeted on Saturday. On Sunday one individual goes home for 5- 6 hours which gives the other two individuals one to one support. These changes will give the individuals the social opportunities and actives of their chosen over the weekend period.</p> <p>Review of the weekly report that is submitted now to include record of actives at weekend that is monitored by PIC and Team leader.</p> <p>New Roster proposed to commence the start of September 2024.</p>	
Regulation 13: General welfare and development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>PIC and Team leader reviewed the staffing roster in relation to effective allocation of staffing hours. Strategies where explored and implemented to target hours at times that will allow individuals to maintain personal relations and links with wider community.</p>	

Going forward there will be reduction on staffing levels during the week day of 7 hours, these hours will be targeted on Saturday. On Sunday one individual goes home for 5- 6 hours which gives the other two individuals one to one support. This will support individuals to have increased access to weekend activities. Individuals with support from staff have completed a list of preferred actives which they will be given additional opportunities to participate at the weekends.  
 Systems to better record social outings will be introduced into the designated centre. These will be subject to ongoing monitoring by the PIC and Team Leader.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
 Out of date PRN medication and the tropical cream was returned to the pharmacy the afternoon of inspection and new medication received. Management of out of date medications was discussed by the PIC with all the team at a recent team meeting. PIC to review and carry out medication audits to ensure adherence to the organizational policy in relation to the management of out of date/unused medications

## 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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/09/2024
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	30/09/2024
Regulation 29(4)(c)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering,	Substantially Compliant	Yellow	14/07/2024

	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.			
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