Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cheeverstown Crumlin
Name of provider:	Cheeverstown House CLG
Address of centre:	Dublin 12
Type of inspection:	Announced
Date of inspection:	10 January 2023
Centre ID:	OSV-0007828
Fieldwork ID:	MON-0029937

About the designated centre

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

This designated centre is made up of three houses in a village in South Dublin. The centre provides a full-time residential service for up to five adults with an intellectual disability. The centre is registered to accommodate up to two people in two of the houses with the third house providing single-occupancy accommodation. The centre comprises of private bedrooms, large bathrooms and wet rooms, kitchen/living areas and an enclosed garden to the back of each house. The centre has exclusive use of two suitable vehicles and is in close proximity to services, shops and recreational areas. Nursing and care staff support the residents at home and in the community, led by a person in charge who works full-time.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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 10 January 2023	10:00hrs to 19:00hrs	Gearoid Harrahill	Lead

What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to meet and speak with all four current residents, as well as their family members and their direct support staff team. The inspector observed routines and interactions in the residents' day, and observed the home environment and support structures as part of the evidence indicating their experiences living in these houses.

As this inspection was announced ahead of time, residents were advised what would be happening and were introduced to the inspector. Family members advocating for the residents were also notified of the inspection. The inspector spoke with residents and their representatives during the day, as well as getting commentary and feedback through three residents who responded to questionnaires issued when this visit was announced.

Two of the current residents were living alone, and two residents lived in a shared house. Each house had its own staff team and access to suitable vehicles to support community access and preferred routines. One resident left in the afternoon to go swimming and another on a trip using their preferred public transport. Residents commented that they enjoyed the freedom that living alone allowed, as their routines were not impacted by those of their housemates. Some of the residents had recently moved into these houses from a congregated campus setting. Residents commented that they "would change nothing about this arrangement" and enjoyed having shops, family and public transport links close by. Residents commented positively on their front-line support staff, though noted that their community access was limited on days on which they were supported by staff less familiar to them, with one person noting that "we tend to not travel outside the village very often" on these days.

Some residents commented that they would be comfortable to make a complaint if anything was bothering them, and noted the staff to whom they had recently reported concerns. There was mixed commentary on this, with some feedback stating that "staff don't always listen to me", while other feedback reported that staff make a note of their concerns when raised. Residents and family gave some examples of matters they had recently raised, not all of which were found in the summary records provided.

The inspector observed friendly, supportive and natural interactions between staff and residents, with examples observed of staff offering choices, chatting and joking with residents, and making sure they had what they needed when going outside or preparing for the next day. Residents were encouraged to participate in household chores such as laundry, with staff reminded to engage in a culture of supported living in which residents actively participated. This extended to more basic activities of daily living such as washing, dressing and eating, with staff available to provide support in accordance with assessed levels of independence.

Residents were supported to be active in the community, with community activities including swimming, trips to the zoo, playing golf or using the driving range, bowling, snooker and going to local restaurants. One resident told the inspector about their paid employment, which they enjoyed and had worked at for many years. Residents who spent time in the house enjoyed watching movies in their TV room, looking through their photos, and relaxing with music or foot spas, phoning their family members or socialising with the staff.

Residents were accommodated in suburban houses which were decorated and designed to be suitable to residents' assessed needs. This included safety features to allow for safe navigation. The provider had taken one resident's feedback that a shower bath was not ideal for their mobility needs, and work was planned to replace this with a low-entry shower enclosure. Bedrooms and living areas were decorated based on residents' needs and wishes. The houses were generally clean and in a good state of repair.

Residents had space in which they could receive visitors. While residents overall were facilitated to have unrestricted contact with their friends and family, one person commented that family visits were often scheduled with staff for the week ahead, which was not in line with provider policy nor based on any risk to safety.

The inspector was provided evidence indicating that overall, there was a positive relationship between the provider and the residents, or their representatives. The inspector was provided evidence of ongoing communication and engagement with provider management, to maintain this relationship, discuss feedback, and keep all parties informed on news and updates in the service.

There had been an overall improvement in recording and reflecting on the input of relevant stakeholders in personal plans, and in making decisions on care and support.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

In the main, the inspector found evidence to indicate that the provider was striving for regulatory compliance and continuous service improvement. However some improvement was required in systems of oversight and record-keeping of matters related to the operation of the designated centre.

The designated centre was registered until June 2023, and the provider had submitted their application to renew registration for a further three years. The purpose of this inspection was to assess compliance with the regulations and to

inform a decision on renewing the registration of the centre. During this cycle of registration the provider had increased the occupancy of the service from one person to five, through grouping existing houses together to facilitate more effective governance arrangements. The provider had updated documents related to the designated centre to reflect this change, including their statement of purpose, policies and procedures, and team meeting structures.

The inspector observed examples of how the change in team management had been discussed with the house teams and with the residents. Staff commented that they felt supported in their role under the revised management, and the person in charge was in the process of scheduling formal supervision sessions with all team members. The inspector reviewed a sample of team meetings in which it was evident that concerns and challenges in staff members' roles were being discussed openly among the team, with evidence of how the person in charge and provider management were supporting the front-line team in being able to effectively carry out their duties.

Staff met on inspection were knowledgeable of their responsibilities and the assessed needs, interests and personalities of the residents. Staff had a good rapport with residents and facilitated their independence, privacy, and choice of what to do with their day. Arrangements for management and clinical support out of hours or when managers were on leave was clearly set out.

Some improvement was required in systems for ensuring mandatory training for staff was clearly identified, and that staff attended training and refresher courses within the time frames set out by the provider. There were also some gaps in records reviewed on inspection related to staffing rosters, complaints, and notifications to the Chief Inspector. A number of areas in which the provider was not previously in regulatory compliance were identified again on this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted their application to renew the registration of the designated centre within the required timeframe.

Judgment: Compliant

Regulation 15: Staffing

The provider had a full complement of personnel at the time of this inspection which was consistent with the statement of purpose. The inspector found evidence to indicate that nursing support was available during the day and night in accordance with the assessed resident needs.

The inspector reviewed a four week sample of worked rosters starting from when the three house teams were combined. Names, roles and times were recorded clearly, including identifying when personnel were deployed from agencies to support the core team. However, a number of shifts each week were recorded as not being fulfilled. The rosters provided did not account for all personnel who worked in the houses.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had a system for tracking attendance at training and noting when refresher courses were due. A number of staff members were overdue to attend training in subjects such as fire safety, positive behaviour support, safe moving and handling, and safeguarding of vulnerable adults, in some cases by a number of months.

The provider had a policy on training and development of staff members, but had not identified what training was mandatory for people working in this designated centre. Some of the staff members supporting a resident with specific assessed healthcare needs had not received formal training on supporting these needs.

Judgment: Not compliant

Regulation 21: Records

The inspector found a number of inconsistencies or gaps in information in some documents reviewed during this inspection.

Judgment: Substantially compliant

Regulation 22: Insurance

Appropriate insurance arrangements were in place for this service.

Judgment: Compliant

Regulation 23: Governance and management

In the main, the provider and local management had structures in place to support and supervise the team and there was some improvement in ensuring that the contributions of residents and their representatives was reflected in service audits and quality reviews.

Some oversight and management systems required review to ensure they were effective, including cleaning schedules, management of training, and accuracy of records. While there had been an overall improvement in some regulatory compliance, some of the areas for improvement identified on this inspection had not been addressed within the timeframes provided following the previous visit.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose outlining the services of the designated centre, which included the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector was provided evidence to indicate that they were responding to complaints and negative feedback raised for the service. However, the means of recording and trending actions, outcomes and how the provider was assured of the complainants' satisfaction was not consistent. Residents described matters they had reported recently to the front-line staff, some of which had not been recorded in the local log.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The provider had policies and procedures in place as required under Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

During this inspection, the inspector found evidence to indicate that residents were safe, comfortable and facilitated to pursue their interests and activities. Areas for improvement or development related primarily to procedures being in line with provider policy and best practices.

The houses were designed to be safe and suitable for residents' assessed needs and decorated based on their wishes and preferences. In the main the houses were clean, comfortable, well-ventilated, bright and in a good state of maintenance. Improvement was required to ensure the premises were equipped to provide containment of fire or smoke along evacuation routes in an emergency. Some items were observed to not facilitate effective cleaning and sanitation, such as mops being stored on the ground outside and furniture upholstery which was badly worn.

Residents were supported in their social, health and personal care needs through a suite of plans which were detailed, respectfully written, and informed by evidence and up to date assessments of needs. Overall, plans were appropriate to the independence levels and communication profiles of residents met and spoken with on inspection, and encouraged a culture of promoting active participation and personal autonomy of residents per their assessed capacities and support levels. While staff demonstrated that they could easily access and understand the relevant information to meet people's support needs, the provider had yet to develop a version of personal plans which facilitated and encouraged residents to engage with their support structures. Some of the information required review to ensure it was current, including life enhancement objectives which listed goals which had been achieved in 2020 and 2021, or references to parts of the residents' support structure which were affected by pandemic lockdowns. Evidence that residents were attending health care reviews and appointments was clearly recorded.

Residents were supported to avail of recreation, exercise, sport, employment and social opportunities in accordance with their wishes and assessed support needs. Residents were supported to stay in contact and meet with their friends and family, however some practices in effect regarding visits were not in line with provider policy and risk assessment.

Resident independence was encouraged regarding medicines, with some residents facilitated to collect and administer their own supplies. Some improvement was required to the proper storage of medicine, and in reconciling the administration records against the instructions in prescriptions.

Regulation 11: Visits

The inspector was advised of procedures regarding visitors to the residents' house which were not in line with provider policy nor informed by assessed safety risk.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector observed examples of how residents were encouraged and supported to engage with meaningful social, recreational, community and employment opportunities in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

Overall the designated centre was suitable in design and layout for the number and needs of residents. Accessibility and safe navigation was being promoted, and the provide had time bound plans to enhance this further based on resident feedback, such as replacing a bathtub with an accessible shower. The houses were in a good state of repair and were decorated appropriate to the needs and interests of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The houses were supplied with a variety of meals, snacks and drinks which could be prepared in each house. Staff were knowledgeable about allergies or food modifications required for residents to eat safely and in line with their assessed level of independence.

Judgment: Compliant

Regulation 27: Protection against infection

The houses were overall very clean and in a good state of repair. A piece of one resident's preferred furniture was badly worn and could not be effectively sanitised. Some review was required to cleaning schedules to ensure they included equipment

used in each house, as some items not on the list were observed to not be clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Doors along evacuation corridors and landings were rated to provide protection from fire, but were not all equipped with self-closing devices or smoke seals to optimise containment of fire and smoke. All houses were equipped with emergency lighting, maps, and unobstructed escape routes, and routine practice drills took place to assure the provider that staff and residents could efficiently evacuate the centre in an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

In the main, arrangements for the recording, administration, labelling and disposal of medicines were appropriate. Some review was required to reconcile prescription sheets and administration records for some medicines, as staff commentary and records indicated that some low-risk medicines were regularly administered outside of prescribed times for specified reasons. A medicine requiring refrigeration was observed being stored in the kitchen fridge with the food, which was not in accordance with best practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Personal plans for the social, health and personal support needs of residents were overall detailed, person-centred, respectfully written and informed by a comprehensive assessment of need. Some review was required to ensure that information which was no longer relevant was removed from the active plans. For example, references to daily checks which had been retired, references to how the residents' routines and progression towards social goals were affected by the pandemic lockdowns, or listed objectives which had been achieved years prior. Development was required to make plans available to residents in a format with which they were capable and satisfied to engage.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found evidence indicating that residents were being reviewed and were attending appointments with their doctor and relevant clinicians including dentists, speech and language therapists, chiropodists and cardiologists in accordance with their assessed support needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had demonstrated an improvement in the ongoing review of restrictive practices to ensure their use was reduced as far as practicable. The local management was working with front-line staff and with a panel on the restriction of rights, to ensure that restrictive practices were used less often when not required, and that staff kept accurate records of these being removed when not required.

Judgment: Compliant

Regulation 8: Protection

Systems and practices were in effect to protect residents from abuse, and to report and respond to suspected or witnessed incidents of concern.

Judgment: Compliant

Regulation 9: Residents' rights

Examples of residents being supported to make choices, have their feedback heard, and maintain their privacy, dignity and independence were observed during this inspection.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cheeverstown Crumlin OSV-0007828

Inspection ID: MON-0029937

Date of inspection: 10/01/2023

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All personnel working in the centre are now named on the roster, making it clear who is working in the houses. Rosters are now up to date on our rostering system refelcting accurracy of staffing based on skill mix and as per our statement of purpose and service needs. The Person in charge will review these rosters on a wekly basis to ensure accurracy of personal. Any gaps will be forwarded to rostering and workforce planning to ensure continuity of care.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A training needs analysis will be completed for this centre to identify all mandatory and non- mandatory training. Epilepsy training has been scheduled for staff and will be completed on the 16/03/2023. The 1 staff outstanding mandatory training in Fire Safety will be completed 29/3/23 The 5 staff outstanding Safety Intervention Training will be completed on the 19/4/23 The 1 staff member outstanding Safeguarding of vulnerable adults training has been	

completed 1/3/23.

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All records in relation to Schedule 4 will be maintained in the designated centre and available for inspections.	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Management systems will be reviewed to include cleaning schedules, management of training, and accuracy of records. Cleaning schedules are now in place, and a housekeeping staff has been assigned to this centre to address IPC concerns. A training needs analysis will be completed for this centre. All mandatory and non-mandatory training will be completed.	

Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All items of complaints that arise within the centre are now logged on the appropriate complaints forms and dealt with in line with Cheeverstown Complaints policy Any complaints that arise from residents or staff meetings are now logged on the appropriate complaints forms and dealt with accordingly.	

Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:
Visiting will be reviewed in line with the assessed needs of the resident.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Cleaning schedules are now in place, and a housekeeping staff has been assigned to this centre to address IPC concerns

A replacement piece of furniture for the resident has been identified and an assessment will be completed with the resident on its suitability in conjunction with the family.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All self-closing devices and smoke seals to optimize containment of fire and smoke will be installed

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
A review of the Kardex will be completed to ensure that all medications that are prescribed will support the administration of medication in line with the supports needs and routine of the residents. This will support the safe administration of medication in line with best practice.

Any medication that requires refrigeration will be placed in a medication specific fridge and temperature checks will be completed daily.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
A review will be completed to ensure that information which was no longer relevant will be removed from the active plans.

These plans along with other person-centered plans of care will be done in collaboration with the resident and their families.

A communication assessment r/v will be complete by SLT, MDT and family and this will guide the format for all plans of care

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 11(2)(a)	The person in charge shall ensure that, as far as reasonably practicable, residents are free to receive visitors without restriction, unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	30/04/2023
Regulation 11(2)(b)	The person in charge shall ensure that, as far as reasonably practicable, residents are free to receive visitors without restriction, unless where the resident has requested the restriction of visits.	Substantially Compliant	Yellow	30/04/2023
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and	Substantially Compliant	Yellow	19/04/2023

	skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	28/02/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	19/04/2023
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	30/04/2023

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/03/2023
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is	Substantially Compliant	Yellow	13/03/2023

	kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	10/03/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/02/2023
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the	Substantially Compliant	Yellow	30/04/2023

	resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	30/05/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	30/05/2023