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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>No. 2 Dewberry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>Brothers of Charity Services Ireland</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 October 2018</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005719</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0024350</td>
</tr>
</tbody>
</table>
About the designated centre

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

The centre is a four bed-rooms, two storey house. It provides residential support for a maximum of three male adults with a mild/moderate level of intellectual disability and with complex support needs. The model of care is a social care model with a focus on understanding and meeting the individual needs of each person living there. The service aims to create as homely an environment as possible, within a risk management context. Individuals are encouraged to participate in household, social and leisure activities and to reach their fullest potential in these areas of their lives. Residents require minimum supports in terms of personal care and significant supports in areas such as purchase/preparation of food and community participation. The centre is located in a rural area, but within easy reach of a local town and city when using private transport.

The following information outlines some additional data on this centre.

<table>
<thead>
<tr>
<th>Current registration end date:</th>
<th>21/06/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
</tbody>
</table>
How we inspect

To prepare for this inspection the inspector or 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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 October 2018</td>
<td>08:45hrs to 15:00hrs</td>
<td>Elaine McKeown</td>
<td>Lead</td>
</tr>
<tr>
<td>10 October 2018</td>
<td>08:45hrs to 15:00hrs</td>
<td>Liam Strahan</td>
<td>Support</td>
</tr>
</tbody>
</table>
Views of people who use the service

Inspectors had the opportunity to meet with all three residents during the inspection.

One resident greeted the inspectors on their arrival and accompanied the inspectors into the centre. During the course of the inspection this resident spoke with the inspectors on a few occasions. The resident spoke of their frequent visits to their family and inspectors saw evidence of scheduled visits of his relatives to the centre. The resident proudly showed the inspectors his sitting room which was filled with personal possessions & photographs taken by another resident with whom he shares the area. The resident spoke of his interest in sport and how he liked his new home.

Another resident proudly showed inspectors his sitting room which was comfortably decorated. The resident spoke of their achievements recently in the special Olympics and spoke of some of the activities they enjoyed which included going to the cinema. He also spoke of an upcoming planned trip to see his favourite soccer team play in England with his key worker. They were also aware of the fire procedure, had taken part in a fire drill and were able to show the inspector where the assembly point was in the garden.

Inspectors were briefly able to speak to the third resident as they were due to attend their day service. This person showed inspectors their framed photographs that were displayed all around the centre.

All residents said that they were happy living in the new centre and had been actively involved in the decisions of decorating the centre. Residents were also observed to be relaxed and at ease in the presence of staff members. Residents smiled and appeared content during the inspection. Inspectors also reviewed questionnaires that the residents had completed at the end of July indicating that they were happy with the services they were receiving and their new home.

Capacity and capability

Overall the service provided was found to be effectively managed, with the quality and safety of care regularly audited. Positive outcomes for residents were found.

This was the first inspection in this centre, which had opened in June of this year. Residents had previously lived together in another designated centre and had transitioned to this centre together. The transition process was reviewed and
inspectors found that residents had been given opportunities to visit their new home during the planning stages and had opportunity to transition into the centre in accordance with their own needs. All residents reflected to inspectors that they were happy with their new home and the supports being given to them.

Inspectors found that on the day of inspection there were suitable management systems in place, with clear lines of accountability and responsibility. The registered provider had identified a suitable representative and person in charge. The person in charge was suitably qualified and experienced and engaged full-time in the role. A new person participating in management had been appointed in the days immediately before inspection and the notification for this person was being prepared at the time of inspection.

There were effective systems for reviewing the quality of service and care provided through unannounced visits, performance appraisal, resident meetings, regular staff meetings, monthly multi-disciplinary meeting and a schedule of audits. These systems were seen to identify areas of shortcoming, result in action plans and oversight of improvements.

Minutes of staff meetings and multi-disciplinary meetings demonstrated that all aspects of the service were kept under review. The residents' needs were kept under assessment and pertinent information shared to ensure consistency and continuity of care. This helped to protect residents and promote their welfare.

In addition to ensuring residents were settling into their new homes well these meetings also considered how best to use the centre to meet residents’ needs. The residents who smoked had themselves opted to obtain a shed as a smoking shelter. Additionally the person in charge was applying for resources to increase in-house activities in accordance with residents’ personal preferences and to obtain a second vehicle in order to meet the specific travel needs of residents within this centre.

The statement of purpose met the requirements of regulations. This detailed the care and support to be provided for residents, and the structures and facilities to provide these. The model of care delivered was a social care model, in accordance with assessed resident needs. Inspectors observed that the service delivered on the day of inspection matched that described in the statement of purpose.

The provider had engaged a suitable number and skill mix of staff. Some cover was provided by agency staff; however the provider had ensured that there was consistency of staffing from that agency. This resulted in continuity of care. Staff had access to supervision and appraisal. This occurred twice a year, and was last completed in April. Supervision was next due at the end of the month in which this inspection occurred.

Staff had access to a range of mandatory training, including refresher training, where needed. Training was in date for all staff currently being rostered. Staff files, including those of agency staff, required review to ensure they contained all information required by Schedule 2.

Staff met by inspectors were found to be knowledgeable of residents. They were
seen to interact with residents in a dignified and respectful manner, while also respecting their wishes around personal space.

Suitable processes and procedures were in place around complaints and the one complaint on file was currently being addressed appropriately.

**Registration Regulation 7: Changes to information supplied for registration purposes**

Inspectors were informed that a new person participating in management had been appointed in the days immediately prior to this inspection. The provider was aware of the duty to inform the office of the chief inspector within 28 days of this appointment.

Judgment: Compliant

**Regulation 14: Persons in charge**

The registered provider had appointed a person in charge. This person was employed on a full-time basis, suitably qualified, skilled and experienced to manage this centre. The person in charge demonstrated their awareness of residents needs and preferences, of house routines and of improvements that were being sought for residents as this new home developed.

Judgment: Compliant

**Regulation 15: Staffing**

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents, statement of purpose and layout of the designated centre. One role was being filled by agency staff, and the provider had sought to engage this person steadily to ensure continuity of care.

Staff met by inspectors were knowledgeable of residents and their needs, and a good rapport with residents was apparent. The roster indicated that there was flexibility within staffing arrangements to match the varying hours of resident activities.

Staff files did require some review to ensure that all Schedule 2 documents were on file, particularly in relation to full work history, photographic ID of agency staff and
up-to-date nursing registrations.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Appropriate training opportunities were in place for staff. Training expiry dates were monitored with refresher training scheduled. Where training expired while persons were on leave core training was scheduled to coincide with return to duty.

Staff had appropriate access to supervision and appraisal.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was in place and contained all information required by Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 22: Insurance

Suitable insurance arrangements were in place.

Judgment: Compliant

### Regulation 23: Governance and management

A clearly defined management structure was in place, with identified lines of accountability. Staff and residents were able to identify the person in charge. Management systems were in place to ensure the quality and safety of service. These systems included audits, cleaning rosters, training schedules, supervision and appraisal, monthly multi-disciplinary meetings and regular staff meetings.

As this centre opened in June of this year an annual review is not expected until the middle of 2019. The provider had undertaken an unannounced inspection of the service. This inspection resulted in an action plan with implementation of actions
being monitored.

Arrangements were in place to support, develop and performance manage all staff, including the person in charge.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Suitable arrangements were in place for admission to the centre. These had informed practice for the three residents who had all transitioned into this centre in recent months. Each resident had a contract with the provider for the provision of services. This had been renewed when transitioning into this centre. Contracts seen by inspectors recorded the services to be provided and the fees to be charged for those services.

Emergency admissions are not accepted.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose containing all information set out in Schedule 1 of the regulations was in place. The information contained with that statement was seen by inspectors to match the care delivered on the day of inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of records indicated that any incident that should be notified to the office of the chief inspector had been notified.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The office of the chief inspector was informed, as part of the registration process, as
to how the centre would be managed in the absence of the person in charge. To date no such absence had occurred.

Judgment: Compliant

**Regulation 34: Complaints procedure**

Suitable arrangements for the management of complaints were in place. These were displayed within the centre and an accessible copy was available to residents.

One complaint had been recorded in the months since this centre opened. Processes to resolve this were evident and the satisfaction of the complainant was recorded.

Judgment: Compliant

**Regulation 4: Written policies and procedures**

Policies and procedures required by Schedule 5 were available to staff to inform practice within the centre. However some policies had not been reviewed as required by regulation. For example, the complaints policy had not been updated to include the details of the new complaints officer.

Judgment: Substantially compliant

**Quality and safety**

Inspectors found that this was a well-managed, safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in the centre. Inspectors found that the residents were happy with the support they received and were supported in line with their needs. The transition of these residents was well planned and the staff team transitioned with the group to assist in the smooth transfer from another designated centre. Residents were supported to enjoy activities which related to their personal interests. One resident has been supported by his key worker to submit a request to access community support services.

The provider supported the residents to be involved with the decision making in the centre. All residents were actively involved in choosing the furniture for their new home and the decor. The residents are currently planning a house warming party. The person in charge spoke of future plans to develop the garden area with
a covered growing tunnel and to utilise the garage area as a games room for the residents to assist in providing additional activities and interests within the designated centre.

Personal planning arrangements were comprehensive and guided staff on how to support residents’ assessed needs. The personal plans for two of the residents were developed using a model which incorporates a rehabilitation framework incorporating existing best practice in risk management. The model is based on assisting residents to meet their goals and building on their capabilities and strengths. The social care leader spoke confidently to the inspectors, explaining and outlining the process involved in this model. The inspectors were shown detailed documentation outlining the three monthly, six monthly and twelve monthly action plans for both residents. In conjunction with this model the staff team were also using a risk management tool which incorporates regular multi-disciplinary team (MDT) meetings. This model consists of an initial static assessment and with ongoing bi-monthly review. The model assists in managing and enabling engagement in the community and choice in the residents’ lives.

The staff team were actively supporting the residents and the personal plans were regularly reviewed as per the guidelines in both models of care. The remaining resident had an individualised personal plan which was actively reviewed. The staff team plan on changing this resident’s personal plan to incorporate the new approach in the centre so that all residents will be supported in a consistent manner.

There were restrictive practices in place which were reviewed as per the guidelines within the provider’s risk management processes. The residents are supervised by staff in line of sight in conjunction with close circuit cameras installed on the exterior walls of the centre. While residents had access to the Internet, this occurred with staff supervision as per the care model. All residents were aware and consented to the restrictions in place.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management of fire safety equipment and fire safety training for staff in the centre. Residents who spoke directly with inspectors knew how to respond in the event of a fire. Day-time fire drills had taken place and a night-time fire drill had been planned for the centre in the coming weeks.

There were safe medication management practices in the centre. The social care leader had carried out medication audits. One medication error was documented and managed as per policy. Evidence of learning from the event was shown to the inspector. However, there was no documented evidence to demonstrate that the residents were given the opportunity to take responsibility for their own medicines if they wished to do so. This was also highlighted in the provider’s six-monthly audit.

Overall, while this centre has been recently opened, the residents and staff have created a comfortable home which meets the assessed needs of the residents.
### Regulation 10: Communication

The residents’ communication needs were supported by an effective staff team. Residents had access to television and radio. Two residents had their own tablet devices with supervised access to the Internet.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in accordance with their wishes and they were also supported by staff to visit their families.

Judgment: Compliant

### Regulation 12: Personal possessions

The registered provider ensured that each resident had access and were supported to manage their financial affairs daily. One resident had a key to lock their bedroom door, as per their wishes. All residents were supported to manage their own laundry in accordance with their wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in social and community activities. The registered provider had also ensured that the residents received appropriate care and support having regard to their assessed needs and abilities.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured the premises was well maintained. It reflected the residents’ personal choices and interests. The design and layout of the centre
ensured that areas were accessible to the residents and met their assessed needs.

Judgment: Compliant

**Regulation 18: Food and nutrition**

Residents’ nutritional needs were well met. Residents chose, shopped for and were involved in the preparation of their own food as per their expressed wishes.

Judgment: Compliant

**Regulation 20: Information for residents**

The provider had ensured that the residents had access to the residents’ guide which informed them about the services and facilities they would receive at the centre

Judgment: Compliant

**Regulation 26: Risk management procedures**

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and on-going review of risk.

Judgment: Compliant

**Regulation 27: Protection against infection**

Staff had received infection prevention and control training necessary to prevent Healthcare Associated Infections (HCAI’s).

Judgment: Compliant

**Regulation 28: Fire precautions**
The registered provider had ensured effective fire safety management systems were in place which included regular fire drills, fire equipment checks, up-to-date staff training, containment measures and detection systems.

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents’ medications were securely stored at the centre and staff who administered medication received training in the safe administration of medication. There was one medication error reported which was managed as per policy. Medication audits have been conducted by the team leader. However, there was no documented evidence that the residents were given the opportunity to take responsibility for their own medicines if they wished to do so.

**Judgment:** Substantially compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all the residents and were based on each resident’s assessed needs. Personal goals were agreed which reflected the residents personal interests and actions were in place to support the residents achieve their goals.

**Judgment:** Compliant

### Regulation 6: Health care

The health care needs of the residents were assessed and they had good access to a range of health care services, such as general practitioners, health care professionals and consultants.

**Judgment:** Compliant

### Regulation 7: Positive behavioural support

The provider had a positive approach to the support and management of behaviours. Behaviour support plans were in place for residents. Staff were
knowledgeable on these plans and had received up-to-date training to ensure the support provided was in accordance with the current practice developments. Staff were aware of the restrictive practices that were in place which were regularly reviewed in line with the model of care being used in the centre. This ensured consistency in the care and support given to residents.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding plans were in place to guide staff on the specific safeguarding measures in place for the residents. All staff had received up-to-date training and the provider had procedures in place to guide staff and ensure that residents were safe from harm.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the residents' rights and dignity were respected and the services were in accordance with the residents' wishes.

Judgment: Compliant
### Appendix 1 - Full list of regulations considered under each dimension

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 7: Changes to information supplied for registration purposes</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 19: Directory of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
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<td>Regulation 31: Notification of incidents</td>
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<tr>
<td>Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 10: Communication</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 12: Personal possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
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<td>Regulation 18: Food and nutrition</td>
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<td>Regulation 20: Information for residents</td>
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<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
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<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behaviour support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents’ rights</td>
<td>Compliant</td>
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</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:

The Person in Charge will link with HR Department to review staff files compliance with Schedule 2 and in particular in relation to up-to-date nursing registration, photographic ID and full work history for agency staff by 30/11/2018.

<table>
<thead>
<tr>
<th>Regulation 4: Written policies and procedures</th>
<th>Substantially Compliant</th>
</tr>
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Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

The Provider has reviewed and updated policies and the updated versions will be circulated to the Centre by 30/11/2018

<table>
<thead>
<tr>
<th>Regulation 29: Medicines and pharmaceutical services</th>
<th>Substantially Compliant</th>
</tr>
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The PIC, in conjunction with the Social Care Leader, will meet individually with persons supported to establish if they wish to self-medicate. If they do, a self-medication assessment will be conducted and appropriate measures will be put in place by 30/11/2018.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 15(5)</td>
<td>The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
<tr>
<td>Regulation 29(5)</td>
<td>The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
<tr>
<td>Regulation 04(3)</td>
<td>The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2018</td>
</tr>
</tbody>
</table>