Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Proleek
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	24 April 2019
Centre ID:	OSV-0005810
Fieldwork ID:	MON-0025391

About the designated centre

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

Proleek is a community home located in a large town in Co. Louth and so is close to community amenities. The house is a four bedroom bungalow which has been adapted to meet the needs of residents who have mobility issues. The house is modern, decorated to a high standard, clean and well maintained. There is a large landscaped garden to the back of the property that has a patio area with furniture where residents can sit and enjoy the outdoors. Transport is also provided should residents wish to avail of it for leisure activities and appointments. The centre provides full-time residential care to four male adults some of whom require support around behaviours of concern, healthcare and to enjoy a meaningful life. The centre is nursing led, meaning that a nurse is on duty 24 hours a day. Health care assistants and a social care worker are also employed to support residents. There are three staff on duty during the day and one staff at night. This centre is also an approved centre to facilitate a learning environment for student nurses. Residents do not attend formal day services but are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences. The person in charge is responsible for two other designated centres under this provider but is supported in their role by a clinic nurse manager who spends 13 hours per week in this centre in order to ensure effective oversight of the care being provided. All of the residents had transitioned to this centre in October 2018 from a large campus based setting. The property is leased by the provider from a third party.

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 - 2015 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
24 April 2019	10:40hrs to 18:00hrs	Anna Doyle	Lead

Views of people who use the service

The inspector met all of the residents living in the centre. The residents were unable to verbally communicate their views on the quality of services being provided in the centre. In this instance, the inspector reviewed records pertaining to the care of residents, observed some practices and spoke to staff. The findings from this are recorded in the body of this report.

Capacity and capability

Overall the inspector found this centre was well resourced in order to meet the needs of the residents. However, improvements were required in a number of regulations inspected which included the governance arrangements in place to ensure effective oversight of the centre.

There was a defined management structure in place with clear reporting procedures. All staff reported to a clinic nurse manager 1(CNM1) and the person in charge. The person in charge reported to the director of care and support who is also a person participating in the management of the centre. They reported to the director of care.

The person in charge although not present at this inspection, is an experienced nurse with considerable experience working in the disability sector both as a nurse and in management roles. They were responsible for two other centres under this provider and are supported in all of the centres by a CNM1 to ensure effective oversight of the services being provided.

However, it was not always evident who was accountable for some of the practices in the centre at the time of this inspection. For example, while the person in charge and clinic nurse manager met to monitor and review the quality of services, these meetings were not always comprehensively recorded and therefore it was unclear who was accountable for ensuring that areas of improvement were completed following this review.

The person in charge demonstrated a commitment to continuous improvement measures in the centre. For example, they had requested an audit from the quality and safety team in March 2019 to ensure that the services being provided were safe and to a good standard. However, on review the inspector found that some of the actions were still not complete and there was no action plan in place outlining who would be accountable for ensuring that they were completed. For example; the audit had shown that fire equipment had not been serviced. This had not been addressed at the time of the inspection and it was not clear who was responsible to

follow this up.

A member of the quality and safety team was conducting a six monthly unannounced audit on the day of the inspection as required under the regulations. Other audits were conducted in the centre such as, personal plans and a schedule of audits had also been developed to happen throughout the year in order to monitor and review practices such as the management of residents finances and restrictive practices.

The skill mix of staff and number of staff employed were adequate to meet the needs of the residents. There was a planned and actual staff rota maintained. The staff numbers was sufficient to cover planned leave and contingencies were in place to cover unplanned leave as a panel of regular relief staff was employed. This ensured consistency of care for the residents. Staff personnel files were not reviewed as part of this inspection.

The inspector spoke to staff who were knowledgeable around the needs of the residents in the centre. They said they felt supported in their role and were able to raise concerns around the care being provided if required. However, while there was a schedule in place to ensure that supervision was completed for the coming year, it had not been completed at the time of this inspection for any staff.

Staff had been provided with training in order to meet the needs of the residents. This included completing all mandatory training along with training in epilepsy, basic life support and dysphagia. On review of the training matrix one staff had not completed training in dysphagia and two had not completed training in infection control. Some of this training was scheduled to take place in the coming months.

A complaints policy was available in the centre. Part of this policy required the person in charge to maintain a log of all complaints made in the centre. The inspector found that this log was in place and no complaints had been made in the centre. Instead, four compliments had been recorded on the quality of services being provided from family members. Their views indicated that they were very satisfied with the decor of the centre, the staff and the care being provided.

The residents had transitioned from a large institution in October 2018. All of the transitions had been overseen by a ' transforming lives committee' in the wider organisation and the inspector was satisfied that the transitions had been conducted in a planned manner. Residents were provided with contracts so that they could be informed about the services they could expect to receive in their new home. Some improvement was required in this area as a sample of contracts of care viewed found that they did not outline all of the fees to be incurred by residents for some of these services.

The provider demonstrated that they were informing HIQA where incidents occurred in the centre. A copy of the incidents that had occurred in the centre since October 2018 were available in the centre. The inspector was satisfied that all incidents had been notified to HIQA in line with the regulations.

Regulation 14: Persons in charge

The person in charge although not present at this inspection, is an experienced nurse with considerable experience working in the disability sector both as a nurse and in management roles. They were responsible for two other centres under this provider and are supported in all of these centres by a CNM1 to ensure effective oversight of the services being provided.

Judgment: Compliant

Regulation 15: Staffing

The skill mix of staff and number of staff employed was adequate to meet the needs of the residents. There was a planned and actual staff rota maintained. The staff numbers was sufficient to cover planned leave and contingencies were in place to cover unplanned leave as a panel of regular relief staff was employed. This ensured consistency of care for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to meet the needs of the residents. This included completing all mandatory training along with training in epilepsy, basic life support and dysphagia. On review of the training matrix one staff had not completed training in dysphagia and two had not completed training in infection control. Some of this training was scheduled to take place in the coming months.

Supervision, which is a requirement of the regulations aimed at promoting staff support and development, had not taken place for staff in the centre at the time of this inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was defined management structure in the centre. The centre was well resourced. Improvements were required to ensure that all staff were aware of their roles and responsibilities and to ensure that there was a clear and accountable management structure in place. Improvement was also required with regard to the arrangements for responding to the findings of internal audits in the centre.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

A sample of contracts of care viewed found that they did not outline all of the fees to be incurred by residents residing in the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose containing the information set out in Schedule 1 of the regulations was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A copy of the incidents that had occurred in the centre since October 2018 were available in the centre. The inspector was satisfied that all incidents had been notified to HIQA where required by the regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider had measures in place to ensure that a suitable person was appointed in the event of the person in charge being absent from the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints policy was available in the centre. A complaints log was in place to record any complaints/compliments about the quality of services provided. A complaints officer was appointed to manage complaints. No complaints had been logged in the centre at the time of the inspection.

Judgment: Compliant

Quality and safety

Overall the inspector found that the some of the supports being provided to residents was contributing to positive outcomes for them. Residents were settling into to their new home and were enjoying becoming part of their new community. Notwithstanding that, the inspector found that significant improvements were required in fire safety systems and behaviour support. Improvements were also required in risk management and medication practices.

The issues identified regarding the governance and management of the centre were impacting on some key areas of quality and safety. On review of the fire records in place the inspector was not assured that the fire safety measures were effective. For example; emergency lighting and the fire alarm had not been serviced in the last six months.

The fire evacuation procedures in place did not guide practice and did not match the residents' personal evacuation procedures in place. When staff outlined the fire evacuation plan to follow at night, the inspector found that this was not what was recorded in the fire evacuation procedure or some of the residents' personal evacuation plans. The CNM1 submitted assurances to HIQA after the inspection that they had taken steps to address this.

It was also not clear whether an action had been followed up on how one resident should be supported to safely evacuate the centre when staffing was reduced in the centre.

Improvements were also required in the identification and assessment of risk. A risk assessment developed in the centre, which related to the storage of medical equipment had not been assessed appropriately in line with the provider's procedures. However, the inspector found that risk management records were being reviewed by the provider at the time of the inspection in order to improve recording systems and the overview of risk management systems in the centre.

There were procedures in place for the management of health-care related infections. Staff had been provided with training in this and were aware of recommended practices in this area.

Some aspects of the service were meeting residents' needs very well. The centre comprised of four single bedrooms, two of which had en-suite wheelchair accessible bathrooms. Residents' bedrooms were personalised and had adequate storage facilities. There was a fully equipped kitchen where residents can prepare snacks/meals with support if they so wish. Staff reported that residents enjoyed watching meals being prepared and that this was a new experience for them since transitioning from the larger campus where meals had been prepared from a centralised kitchen. There was a large dining room which also accommodated an additional seating area for residents. A utility room was located beside the kitchen should residents wish to launder their own clothes.

Residents were supported to buy and prepare their own food if they wished. For example; on the morning of the inspection two residents were out grocery shopping with staff. Residents who required support with meals, had this outlined in their personal plan. Staff were aware of the supports and these supports were observed being implemented on the day of the inspection. Allied health professionals such as a dietitian and a speech and language therapist had reviewed the supports for residents in order to guide best practice.

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Plans were in place to guide staff on how residents should be supported in order to meet the residents' health care needs.

A review of personal plans had taken place with residents and their representatives present, to assess the effectiveness of the plan. Support plans were also reviewed by staff to assess the care being provided on a more regular basis.

While residents were found to be engaged in activities of their choice during the day no goals had been set for residents for the future in order to support them to maximise their personal development and their personal preferences. This was in progress at the time of the inspection and staff had been provided with training on a new model of care being delivered in the centre to enhance this process. The inspector was therefore satisfied that this was being addressed.

Residents were supported to achieve good health. From a review of a sample of

files, the inspector found that residents had timely access to allied health professionals, including a general practitioner, dietitian and chiropodist. Residents were also supported to access national health screening programmes in line with the recommended best practice guidelines.

Staff spoke of how residents were supported to have visitors and had recently held a house warming party to which family, friends and neighbours had been invited.

Residents were also been supported to access local community facilities. For example; one resident had become a member of a local gym another had joined the local library. It was also evident that residents were being provided with meaningful days and were involved in the running of their home. For example; on the day of the inspection residents went to the cinema in the afternoon and some had been out grocery shopping that morning.

All staff had been provided with training on how to support people with behaviours. Residents who required support around this had behaviour support plans in place in order to guide practice. These support plans outlined the interventions required to support residents in order to manage these . However, the inspector found from reviewing a sample of plans, that the interventions in place did not always guide practice for staff. For example; one resident who was prescribed two different medications in response to behaviours of concern did not have it clearly outlined in their behaviour support plan which medication should be administered first. It also stated that the resident should be supported to access activities outside the centre during periods when behaviours were escalating even though this was not possible at night when only one staff was available.

A review process was also in place to review behaviour incidents. This involved completing a record called an " ABC" chart, which records possible causes of the behaviour in order to guide further practice. However, these records were not being reviewed periodically by any staff members and therefore it was not clear how this process was improving outcomes for the resident.

There were effective systems in place to minimise the use of restrictions on residents' freedom. The inspector found that the use of restrictions was over seen by a committee in the wider organisation who approved their use. All restrictions were recorded and the residents representatives had been informed of their use.

The provider had a medication management policy in the centre. The inspector viewed a sample of medication administration sheets. One improvement identified was addressed at the time of the inspection. Protocols were in place for the administration of prescribed as required medication in order to guide practice. However, as discussed earlier in the report medication interventions in response to some behaviours required improvements in order to guide practice.

There were systems in place to monitor the amount of medications being stored in the centre. However, some of the medication was not appropriately stored. For example; some medication was stored where residents' finances were also stored.

Regulation 11: Visits

Residents were supported to have visitors in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to access meaningful activities and develop links with people in the community

Judgment: Compliant

Regulation 17: Premises

The centre was clean, modern and well maintained. It had been adapted to suit the needs of the residents in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to buy and prepare their own food if they wished. For example; on the morning of the inspection two residents were out grocery shopping with staff. Residents who required support with meals, had this outlined in their personal plan. Staff were aware of the supports and these supports were observed being implemented on the day of the inspection. Allied health professionals such as a dietitian and a speech and language therapist had reviewed the supports for residents in order to guide best practice.

Judgment: Compliant

Regulation 26: Risk management procedures

It was not demonstrated that the provider has an effective system in place for the identification and assessment of risk. The inspector identified a risk identified in the centre that had not been appropriately risk assessed. This related to the storage of one piece of medical equipment in the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were procedures in place for the management of health-care related infections. Staff had been provided with training in this and were aware of recommended practices in this area.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting and the fire alarm had not been serviced in the last six months.

The fire evacuation procedures in place did not guide practice and did not match the residents' personal evacuation procedures in place. When staff outlined the fire evacuation plan to follow at night, the inspector found that this was not what was recorded in the fire evacuation procedure or some of the residents' personal evacuation plans.

It was also not clear whether an action had been followed up on how one resident should be supported to safely evacuate the centre when staffing was reduced in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

For the most part appropriate medication management arrangements were in place. Some of the medication was not appropriately stored. For example; some medication was stored where residents' finances were also stored.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. Of a sample viewed they were found to contain an up to date assessment of need. Plans were in place to guide staff on how residents should be supported in order to meet the residents' health care needs.

A review of personal plans had taken place with residents and their representatives present to assess the effectiveness of the plan. Support plans were also reviewed by staff to assess the care being provided on a more regular basis.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve good health. From a review of a sample of files, the inspector found that residents had timely access to allied health professionals, including a general practitioner, dietitian and chiropodist. Residents were also supported to access national health screening programmes in line with the recommended best practice guidelines.

Judgment: Compliant

Regulation 7: Positive behavioural support

The interventions in place to support and manage one residents behaviours did not guide practice. This included the use of medication interventions.

Records maintained to review behaviour incidents were not being reviewed periodically by any staff members and therefore it was not clear how this was improving outcomes for the resident.

Judgment: Not compliant

Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults and of the staff spoken to they were aware of what constituted abuse and the procedures to follow

in such an event.
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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for Proleek OSV-0005810

Inspection ID: MON-0025391

Date of inspection: 24/04/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person who had not received dysphagia training completed FEDS Training on HseLand The staff member who had not done infection control training has now completed the training. A Supervision schedule has been put in place.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Roles and responsibilities of staff will be addressed at the supervision meeting. All Internal audit findings have been actioned	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
The new template for the Contract of Care lists the fees that the residents have to pay and is now in use in the centre.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
A risk assessment was carried out and a cabinet purchased for storage of the identified piece of medical equipment, which is now appropriately stored in the resident's bedroom

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
A risk assessment has been conducted in the house in relation to fire evacuation at night.

Arrangements have been made to service the Fire Alarm and Emergency Lighting.

The emergency procedure to follow in the event of a fire was reviewed and updated on the evening of the inspection. Staff have been advised of the new procedure.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
The storage of items was reviewed to ensure that only medicinal products are stored in the allocated locked press.

Regulation 7: Positive behavioural support	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Behaviour support plan for the identified resident has been reviewed and up dated. An audit has been conducted of the resident's behaviour incidents, and will be reviewed on a monthly basis going forward.	

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 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.	Substantially Compliant	Yellow	30/08/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/08/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service	Not Compliant	Orange	30/08/2019

	provision.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	30/05/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/05/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/07/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably	Not Compliant	Orange	30/05/2019

	practicable, residents, are aware of the procedure to be followed in the case of fire.			
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 kept in the designated centre is stored securely.	Substantially Compliant	Yellow	21/05/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/05/2019
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the	Not Compliant	Orange	30/08/2019

	resident's challenging behaviour.			