

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Woodview
Centre ID:	OSV-0002376
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Anna Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 November 2016 09:30 To: 22 November 2016 19:10

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was the fourth inspection of this designated centre. The purpose of this inspection was to follow up on actions from an inspection carried out in the centre in April 2016 where significant improvements were required in order for the provider to ensure that they were meeting the requirements of the regulations. Since the last inspection a new person in charge had been appointed to the centre. They were interviewed in Smithfield Offices in August 2016, part of which included an update on the action plan from the previous inspection. A new provider nominee had also been appointed since the last inspection.

Description of the Service

This centre is operated by St Michael's House services and is situated in North Dublin. It comprises of a large detached two storey house in the community. It currently accommodates six residents and provides care to both male and female residents with varying and complex support requirements.

How we gathered evidence

Over the course of this inspection the inspector met five of the residents informally. Some residents were unable to tell the inspector about their views of the quality of

the service but the inspector observed interactions with staff and residents. A number of staff were met and documents reviewed included: personal plans, restrictive practices and fire evacuation procedures in the centre.

Overall judgment of our findings

Overall, the inspector found significant improvements in the quality of service provision since the last inspection. The majority of the actions from the last inspection had been implemented. However, some had not been completed to a satisfactory level and some were still in progress. The inspector acknowledges that there had been a change in circumstances since the last inspection which contributed to some of the actions not progressing to their completion date.

Three outcomes were found to be moderately non-complaint under social care, safeguarding and healthcare needs. Two outcomes were substantially complaint under health and safety and medication management. Four of the outcomes were found to be compliant. The action plan at the end of this report outlines the improvements needed.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the actions from the last inspection relating to residents' social care needs had been completed. However, some actions that related to personal plans had not been completed.

Sine the last inspection significant improvements had been made to ensure that all residents social care needs were being met in the centre. Two residents were now availing of day services provided by SMH. Weekly activities were planned with residents at weekly meetings. A schedule was drawn up from this outlining when residents were partaking in activities and this was now recorded in their personal plans. This had been an action from the last inspection.

All residents had personal plans in place. A sample viewed by the inspector found that an up to date assessment of need was now in place for residents, however improvements were required to ensure that the correct information was recorded on the document. This was discussed with the person in charge.

There were support plans in place for some needs. However, some identified needs had no support plans in place to guide practice. An example included epilepsy management plans.

All residents had an annual review completed and from this; goals were identified for the year. However, there were no records to indicate how these goals were progressing or who was responsible for achieving these goals with the residents.

The inspector found that residents care was been evaluated at staff meetings. However, this information was not evident in personal plans so as to review the effectiveness of care being provided.

In addition, some interventions had not been reviewed in line with the agreed actions recorded on the intervention. For example, one intervention was to be reviewed by the person in charge, an allied health professional and the health and safety officer and this had not been completed.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the action from the last inspection had been implemented and that the centre was suitable to meet the needs of the residents.

At the last inspection one communal room in the centre was not accessible to all residents, as it was been used as a staff office and medications were stored there. This had now been reconfigured and the staff office was located upstairs and medications were stored in a different area in the centre. Therefore this action had been completed.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were systems in place to ensure that residents, staff and visitors were safe in the centre. The actions from the last inspection had been implemented. However, some improvements were still required.

There were policies and procedures in relation to risk management and emergency planning in the centre. This included an emergency evacuation plan outlining where residents should be transferred to in the event of them not being able to return to the centre. Procedures were in place in the event of incidents where a resident goes missing from the centre.

There was a risk register in place. Environmental risk assessments had been completed and individual risk assessments were contained in residents' plans. They included the control measures in place to minimise risks. However, some of the additional control measures recorded had not been implemented and some of the assessments had not been updated to reflect current control measures in place. This was discussed with the person in charge and at the feedback meeting.

Incidents were recorded on a computer generated form. The person in charge was reviewing incidents in the centre and had developed a new recording form in order to complete this on a quarterly basis.

Suitable fire equipment was available in the centre and there were records to show that these were maintained appropriately. Daily fire checks were completed by staff.

A fire evacuation plan was available in the centre that detailed a safe evacuation for residents. Staff spoken with were clear about this procedure. This had been an action from the last inspection.

Fire drills were completed on a regular basis in the centre and there were records to support that actions were been taken to address identified issues. Some of which were still in progress. Each resident had a personal emergency evacuation plan in place that detailed the supports required in the event of an evacuation of the centre. The inspector viewed records where one resident's evacuation plan had been reviewed and the agreed action which included changes to the physical layout of the centre had been referred to the provider for approval.

There were policies and procedures in place on infection control in the centre.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that there were systems in place to safeguard residents in the centre. The actions from the last inspection had been implemented with the exception of two that related to restrictive practices. In addition improvements were required in behaviour support plans and refresher training for staff in safeguarding vulnerable adults.

There was a policy in place on safeguarding vulnerable adults and all staff were trained in this area. However, refresher training had not been provided to include the HSE revised policy. The inspector acknowledges that the provider is currently addressing this across the SMH service. The staff spoken with were clear about what to do in the event of an allegation of abuse.

There was a policy in place for the provision of behavioural support to residents. Since the last inspection; staff had received a briefing session on behaviour supports in the centre. Some staff had attended more formalised training in this, with the exception of two who were scheduled to complete this at the end of the month.

A sample of resident's support plans were viewed by the inspector, however some of them did not guide practice. In addition, one resident had no behaviour support plan in place to guide practice. It was recorded on this residents' plan that a referral should be made to the psychology department; however this had not been completed.

There was a policy in place on the use of restrictive practices in the centre. All restrictive practices had been referred to the service committee for approval, with the exception of one. There was evidence to support that some practices had been reviewed to ensure that the least restrictive practice was been used.

However, this was not evident for all restrictive practices in the centre. This was discussed at the feedback meeting and the provider informed the inspector that this was being addressed with the service committee responsible for monitoring restrictive practices in the centre.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last inspection had been completed. The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that residents were supported to achieve good health in the centre. The actions from the last inspection had been implemented with the exception of one, regarding health action plans.

Each resident had a personal plan in place that included an assessment of need. However improvements were required to ensure that there were health action plans in place to guide practice for all identified healthcare needs.

Staff spoken with were clear about the supports required for residents in order to meet their assessed needs. This had been action from the last inspection.

Residents had timely access to medical treatment in the centre and had access to a number of allied health professionals that reflected their different care needs. However an identified need for occupational therapy supports was not made available.

Menu planning was completed with residents on a weekly basis. The inspector observed where one resident was being offered an alternative meal as they did not want the planned menu for a meal. The nutritional needs of residents were recorded on their personal plans. However, some required more detail. For example nutritional interventions, while in place for one resident were not recorded on the health action plan in order to guide practice.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last inspection had been implemented. However, some minor improvements were required in relation to the storage of medication in the centre and guidelines around some prescribed medication.

There were policies and procedures for the safe administration of medication in the centre. Medications were administered primarily by nursing staff. However, non nursing staff were also trained in this area so as to support residents when out in the community. Staff members spoken with were clear about medication practices in the centre and were knowledgeable around residents' prescribed medications.

Medications were stored in a locked cupboard and there was a locked fridge available for medication if required.

Staff were clear on the procedure in place for the disposal of medications in the centre and showed the inspector where records were maintained of medications that were disposed of. However, one medication blister pack that was due to be returned to the pharmacy was not stored separately. The inspector acknowledges however that it was clearly recorded on the blister pack that this medication was not to be used.

A sample of medication prescription sheets and medication administration sheets were viewed by the inspector and were found to contain the appropriate details. This included

where medications should be crushed. Residents had individual medication plans in place that detailed the supports required. However, some prescribed as required medication guidelines in place required more detail in order to guide practice.

The person in charge had devised an audit system to ensure that medication practices were in line with the service policy. Medication was recorded when it was delivered to the centre.

There were no controlled drugs prescribed in the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last inspection had been completed. There were management systems in place to ensure that the quality of care of residents was been monitored and reviewed in the centre.

Since the last inspection a new person in charge had been appointed to the centre. They were interviewed at an earlier date by HIQA. The person in charge was fulltime in their role and had the necessary qualifications. They were knowledgeable of the regulations both at interview and over the course of the inspection.

There was a clearly defined management structure in place. The person in charge reported to a service manager, who in turn reported to the provider nominee. The provider nominee had been recently appointed and they were interviewed at an earlier date by HIQA.

Regular meetings were held between the person in charge and the service manager. The service manager also facilitated meetings with a number of persons in charge from areas of the service to discuss issues and inform future learning.

Staff meetings were now being held regularly in the centre.

An unannounced quality and safety review had been completed earlier in the year and another was scheduled before the end of the year. The person in charge was currently auditing all residents' personal plans in the centre to ensure that they were meeting the requirements of the regulations.

An annual review had been completed for 2015- 2016 for the centre. This included consultation with residents and their representatives.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the actions from the last inspection had been implemented and that there were appropriate staff numbers to meet the residents assessed needs in the centre.

The centre currently provides care to six residents and at the feedback meeting the inspector was informed that no other admissions would be accepted to the centre. In response to this the provider was going to reflect this in the statement of purpose for the centre and to consider submitting an application to vary the registration of the centre.

There was a planned and actual rota in place. There are four staff available in the centre in the morning and evenings. Two staff are available at night and for periods during the day when most residents attended day services. The inspector found that the staffing levels were adequate to meet residents assessed needs. However, any new admissions would require a review of staffing levels in the centre if the provider decided not to vary the registration of the centre.

Staff spoken with felt supported in their role. There was supervision in place for all staff and the inspector viewed records confirming this. Staff had completed mandatory

training.

There were no volunteers employed in the centre.

Personnel files were not reviewed as part of this inspection.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anna Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002376
Date of Inspection:	22 November 2016
Date of response:	14 December 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some interventions had not been reviewed in line with the agreed actions recorded on the intervention.

The review of resident's care was not recorded in personal plans so as to review the effectiveness of care being provided.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:

- Review sheet on Personal plans has been implemented - 30/11/2016
- Review of all support plans and completion by - 30/1/2017
- Time allocation at monthly staff meeting to review P.S.P - 30/12/2016
- Review of all support plans to reflect residents attendance at clinical appointments 30/11/2016

Proposed Timescale: 30/01/2017**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Improvements were required to ensure that the correct information was recorded on the assessment of need for residents.

2. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:

Audit of assessment of needs to be carried out by the PIC by the 30/1/2017

Proposed Timescale: 30/01/2017**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There were no records to indicate how residents' goals were progressing or who was responsible for achieving these goals with the residents.

3. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

A Goal tracker has been developed and will be in place for each residents identified social / and skill development goals.

Proposed Timescale: 30/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some additional control measures recorded on risk assessments had not been implemented and some of the assessments had not been updated to reflect current control measures in place.

4. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

All identified risks now have a support plan which will guide staff in the implementation of control measures.

Proposed Timescale: 01/12/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some behaviour support plans did not guide practice.

One resident had no behaviour support plan in place to guide practice.

5. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:

One resident identified will have a draft positive behaviour support plan by 30/12/2016 and plan to be finalised by 12/1/17

All other residents will have Behaviour support plans reviewed by 30/01/2017

Proposed Timescale: 30/01/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

One restrictive practice had not been referred to the service approval committee.

Some restrictive practices had not been reviewed so as to ensure that the least restrictive practice was being implemented.

6. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

Restrictive practice has been reviewed and documentation has been submitted to the positive approaches approval committee

Proposed Timescale: 14/12/2016

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Refresher training had not been provided to staff on safeguarding, to include the HSE revised policy.

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

Training plan for safeguarding to include the HSE revised policy has been implemented and all staff will receive this training by 30/04/2017

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were no health action plans in place for some residents' assessed needs.

Nutritional care interventions in place for one resident were not recorded on the health action plan in order to guide practice.

8. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

Health action plans have been reviewed and now contain information on interventions which will guide practice.

Proposed Timescale: 30/11/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

One resident had no access to an occupational therapist in the centre.

9. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:

Referral has been sent for a sensory integration assessment for one resident to an external facilitator and same to be carried out by 30/1/2017

Proposed Timescale: 30/01/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Unused medication was not stored separately from regular prescribed medications.

10. Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:

Unused medication is now stored separately until returned to the pharmacy or disposed of in receptacles to be collected by Initial medical clinical waste contractors.

Proposed Timescale: 30/11/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some prescribed as required guidelines in place required more detail in order to guide practice.

11. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

Review of PRN guidelines for each resident to reflect the use of the medications specified on the medication administration sheets and inform of administration protocol

Proposed Timescale: 14/12/2016