Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Maynooth
Centre ID:	OSV-0003498
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gheel Autism Services Company Limited by Guarantee
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	6

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
09 November 2017 09:50	09 November 2017 19:30

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was unannounced and was the fifth inspection of the centre. In response to the assessed needs of residents, the person in charge was given 24 hours notice in order to prepare residents and minimise the impact of inspectors presence in the centre.

The purpose of this inspection was to follow up on actions from the last inspection completed in the centre in May 2017 and to monitor ongoing compliance with the regulations. The last inspection had been initiated following a notification submitted by the provider to the Health Information and Quality Authority (HIQA) in relation to safeguarding concerns in one unit of this designated centre.

Description of Services:
The centre is operated by Gheel Autism Services and is situated in County Kildare. It comprises five community houses four of which are leased from third parties. The centre supports both male and female residents over the age of 18 years. Some residents avail of residential services on a part time basis only, from which day services are provided, however this was not impacting on any residents in the centre.

How we gathered information:
All of the units were visited. The inspectors met eight of the residents residing in the

centre. One resident met with inspectors to talk about their views on the quality of care and services being provided. They said they were very happy and inspectors found that they directed the services provided to them in their home. Inspectors observed some interactions between residents and staff in line with the needs of the residents. A number of staff were met on the day of the inspection including the person in charge.

A new interim chief executive officer and interim service manager had been appointed since the last inspection both of whom attended the centre on the morning of the inspection and the feedback meeting. Documentation reviewed included residents personal plans, incident reviews, some policies and procedures, safeguarding plans and quality audits.

Overall judgment of our findings:
Overall inspectors found that the actions from the last inspection had either been implemented or were in progress. Residents were observed to be relaxed and content in the centre and positive interactions were noted between staff and residents throughout the inspection.

While areas of improvement were identified at this inspection, the majority of these had already been identified by the person in charge through audits and were in the progress of being addressed at the time of the inspection.

One major non compliance was found under Outcome 6; premises, due to works that were required to one unit under this centre. However, all of the other homes were maintained to a high standard.

Moderate non compliances were found under outcome 8; safeguarding, however some of these were in progress at the time of the inspection. Four of the outcomes were found in substantial compliance and the other outcomes were found to be compliant.

The action plan at the end of this report outlines the actions required in order to address these findings in this report.

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):
No actions were required from the previous inspection.

Findings:
Each resident had a personal plan in place that included an assessment of need. Some improvements were required to ensure that residents' goals were implemented and reviewed. However, this had already been identified by the provider and the person in charge prior to the inspection and actions from this audit were being implemented some of which were still in progress.

From a sample of personal plans reviewed inspectors found that the assessment of need for residents had recently been updated. An annual review had been completed and one was due to take place in the coming weeks. The records demonstrated that the reviews were attended by family members, allied health professionals, staff and residents if they chose to attend.

Personal plans were reviewed at monthly staff meetings, and each resident's key worker prepared a review report of residents needs to discuss and update all staff.

Residents personal plans had been adapted into a user friendly format called an "all about me folder". Goals had been set out for residents, some of which included teaching new skills. For example, one resident was learning to use the bus independently with a long term view of travelling home on their own.

Some residents attended day services and other residents daily activities were planned from the centre in line with their needs.

Activity sampling was in place in one unit in order to see what activities residents

enjoyed partaking in, with a view to increasing meaningful activities in their day to day lives.

However, some goals for residents had not progressed and some were not reviewed so to assess their effectiveness.

There had been no new admissions to the centre since the last inspection.

Judgment:
Substantially Compliant

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

Findings:
The inspectors found that four of the premises under this designated centre were well maintained and of sound construction. However, one premises required significant improvements in order to meet the requirements of the regulations.

At the last inspection it had been identified by the provider that considerable renovation works were required to one property under this centre which was leased from a third party. Some of the works included addressing on going issues with the septic tank in this property. The action plan submitted stated that the lease holder intended to address this, but that the works would require considerable planning which would include residents transferring out of the centre. Inspectors found that there was still no definitive plan in place to address this, however acknowledge that the provider was in continued talks with the lease holder.

Since the last inspection, concerns about subsidence to the property had also been escalated to the lease holder by the provider and while a representative of the lease holder had visited the property to assess this, the report from this was not available on the day of the inspection. Subsequent to the inspection the provider submitted assurances to HIQA that this concern did not pose an immediate risk to residents in the unit.

In addition, the person in charge had escalated some concerns to the lease holder

regarding the safe evacuation of a resident from this unit due to the stairs. Again the lease holder had sent a representative to assess this. The findings from this acknowledged this was not satisfactory and needed to be addressed. The provider submitted assurances to HIQA that they were satisfied with the current safe evacuation of residents from the centre.

Inspectors found that the other actions had been implemented since the last inspection and acknowledge that all of the other premises under this centre were maintained to a high standard.

Judgment:
Non Compliant - Major

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

Findings:
There were systems in place in the centre in order to protect residents, staff and visitors in the centre. However, improvements were required in risk management processes and fire compliance issues.

The risk management policy dated September 2017 was reviewed at this inspection. However, it did not contain all of the requirements under regulation 26 (c) outlining the the measures and actions for the management of specific risks.

There was a number of active risk registers in place for the management of risk. These included the corporate risk register and the health and safety risk register. In addition, there were individualised risk assessments completed for residents.

Since the last inspection, the person in charge had introduced a review of incidents in the centre in order to identify trends. This was discussed at the monthly meetings with the location manager and the person in charge. This report contained a review of all of the control measures implemented in response to incidents that had occurred in the centre. Incidents were also discussed at monthly staff meetings in the centre.

There were fire safety systems in place in the centre, which included the provision of fire fighting equipment that had been serviced appropriately. Each resident had a personal emergency evacuation procedure in place that identified the supports required in the event of an evacuation. Fire drills were completed regularly and from a review of a sample of the records, inspectors found that the residents could be evacuated from the

premises in the event of a fire.

As discussed in Outcome 6 the person in charge had escalated concerns, regarding the premises in terms of a safe evacuation of the centre and is addressed there. Fire doors were in place in all of the units. However, in one unit the fire doors required an upgrade. This had been reported to the lease holder and would be addressed as part of the reconfiguration works that were required here.

Infection control practices were in place in the centre. This included adequate hand washing facilities and the provision of personal protective equipment as required. Detailed cleaning schedules and hygiene checks were in place in one unit as required.

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

Findings:
Inspectors found that there were appropriate measures in place to keep residents safe in the centre. However improvements were required in one unit in relation to the compatibility of residents in the centre and some restrictive practices.

Since the last inspection a number of notifications had been submitted to HIQA. All of which related to the impact that some behaviours of concern had on other residents. Inspectors found that the provider and person in charge had taken responsive action to all of these notifications.

Safeguarding plans had been implemented in response to the above and staff spoken to were knowledgeable about them. The provider had acknowledged that some of the incidents were in response to the resident's compatibility in one unit and had made a submission to the HSE for an individualised residential placement for one resident. This was still in progress at the time of the inspection.

Inspectors also found that since the last inspection the recommendations from an

investigation commissioned by the provider in response to a safeguarding concern had been implemented or were still in progress.

Residents had behaviour support plans in place to guide staff practice. From a review of a sample of these, inspectors found that they were comprehensive and guided staff practice.

While a restraint free environment was promoted for the most part in the centre, some restrictions in place had not been identified as a restriction.

For example, offices in all units were locked. In addition, while one restriction in place for a resident had been discussed with the residents' representatives in the centre and a rationale was in place for this restriction, it was not comprehensively reviewed on a regular basis and further clarity was required to guide staff practice in this area. This was discussed at the inspection and the details are not included in this report to protect anonymity.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The inspectors found that residents' healthcare needs were being met in the centre.

Each resident had an assessment of need in place that identified the supports required to meet residents' healthcare needs. Staff spoken with were knowledgeable around the residents needs.

Residents were supported to have an annual medical review with their general practitioner.

A range of allied health professionals were available to residents and inspectors found that residents had been referred for some supports in line with their assessed needs.

Residents were provided with appropriate nutritional supports in line with their personal preferences. Residents were consulted with meal planning in the centre on a weekly basis.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines. However, improvements were required in the dosages outlined on residents' prescription sheets.

Medications were securely stored in the centre. They were delivered to the centre in blister packs on a monthly basis and checked by a nurse who is employed by the organisation.

A sample of prescription and administration sheets viewed by inspectors were found for the most part to contain the relevant information. However, two prescription sheets viewed found that the dosage outlined on one prescription sheet was not clear, the maximum dose for one as required medication was incorrect and one over the counter prescribed medication was illegible.

One of these discrepancies had been amended on the day of the inspection and information submitted the day after the inspection found that the other discrepancies had been amended.

There was a policy for the handling and disposal of unused and out-of-date medicines, which was being fully implemented in the centre at the time of the inspection.

All staff were trained in the safe administration of medication and the person in charge informed inspectors that only staff who were trained in this area, were allowed administer medications.

There were protocols in place to guide staff practice for the use of prescribed as required medication and from a sample viewed they had been signed by the prescribing doctor. Staff were knowledgeable about the maximum doses to be administered and the indications for their use.

Residents did not self-administer their own medication and an assessment had been

completed on this, which outlined the rationale for this.

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:
Inspectors found that the management systems in place were effective and outlined clear lines of accountability in the centre. The mechanisms in place to review the quality of services were effective and although some areas of improvement were identified at this inspection, they had already been highlighted through audits by the provider and the person in charge prior to this inspection taking place. Some of the action plans from these audits were still in progress at the time of the inspection.

The person in charge facilitated the inspection and was found to be very knowledgeable around the residents needs in the centre. They were supported by two location managers who supported them in their role.

The person in charge reported to the interim service manager.

Regular staff meetings took place in the centre and the person in charge attended some of them. The person in charge met with the location managers every month to discuss the quality of care being provided in the centre.

An unannounced quality and safety review of the centre had been completed in the last two weeks; the final report was not available on the day of the inspection but was subsequently submitted after this inspection.

An annual review had also been completed.

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:
Inspectors found that the staffing levels in the centre were appropriate to meet the residents' needs in the centre.

Since the last inspection, additional staffing had been employed in one unit under this centre to ensure that residents' needs were being met.

There was a planned and actual rota in place and contingencies were in place to cover staff leave, through the employment of regular relief and one regular agency staff in the centre.

Nursing staff was available in the centre as required from a nurse employed in the wider organisation. Senior personnel were available on an out of hours on call basis for staff to seek advice.

All staff had completed mandatory training and additional training which included safe administration of medication, first aid and studio 3 training.

Supervision was in place for all staff. This was facilitated by the location manager responsible for each unit. From a sample minutes viewed, inspectors found that a number of areas were discussed including training and concerns staff may have. Staff spoken to felt supported in their role.

Staff files were not reviewed as part of this inspection.

Inspectors were informed that there were no volunteers employed in the centre.

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:

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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 report[1]

Centre name:	A designated centre for people with disabilities operated by Gheel Autism Services Company Limited by Guarantee
Centre ID:	OSV-0003498
Date of Inspection:	09 November 2017
Date of response:	09 February 2018

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 goals had not progressed for residents and some were not reviewed.

1. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

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:
Informal training will be provided to keyworkers. All service user goals will be reviewed in turn by Keyworkers. Keyworkers will review effectiveness of goals as part of their monthly reports and in turn and make changes as appropriate.

Proposed Timescale: 31/01/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Considerable renovation works were required to one property under this centre. Issues identified included:

Structural damage to the property.

On going issues with the septic tank.

The design of the stairs in order to ensure a safe evacuation of the centre.

Some fire doors needed to be upgraded.

2. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
The provider is in active ongoing discussions with the property owner and services funder (HSE) in the redevelopment of the designated centre to address all the issues raised by HIQA. These discussions are at an advanced stage where the funder has engaged with engineers and is treating the redevelopment of the designated centre as a priority for 2018. A meeting is scheduled for the 10th January to meet with the HSE where the progression of this action will be reviewed with the Provider and PIC.

Proposed Timescale: 10/01/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory

requirement in the following respect:
The risk management policy did include the measures and actions in place to control aggression and violence.

3. Action Required:
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

Please state the actions you have taken or are planning to take:
Review of Risk Management policy to reference and direct the reader to Gheel's existing policy on the actions and measures in place for accidental injury to residents, visitors or staff.

Proposed Timescale: 22/12/2017

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

4. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Review of Risk Management policy to reference and direct the reader to Gheel's existing policy on the actions and measures in place for accidental injury to residents, visitors or staff.

Proposed Timescale: 22/12/2017

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control self-harm.

5. Action Required:
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

Please state the actions you have taken or are planning to take:
Review of Risk Management policy to reference and direct the reader to Gheels existing

policy on the actions and measures in place to control self-harm

Proposed Timescale: 22/12/2017

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control the unexplained absence of a resident.

6. Action Required:
Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:
Review of Risk Management policy to reference and direct the reader to Gheel's existing policy on the actions and measures in place to control the unexplained absence of a resident.

Proposed Timescale: 22/12/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One restriction in place for a resident had not comprehensively reviewed on a regular basis and further clarity was required to guide staff practice in this area.

Some doors were locked in the centre.

7. Action Required:
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

Please state the actions you have taken or are planning to take:
Following inspection, it was identified that a locked area which was in place is considered a restrictive practice. A referral was made to the clinical team to review the restrictive practices and is currently under in progress. The clinical services will support and develop guidance to reduce this practice We currently continue to closely document monitor and review this identified restriction and the plan to reduce this practice. We will evaluate our progress over the next quarter. Any requirement found for a locked

office within the designated centre have been documented onto the Designated Centres Risk Register and is reviewed to ensure the least restrictive practices are put in place.

Proposed Timescale: 19/12/2017

Theme: Safe Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
One resident required individualised residential supports in the centre.

8. Action Required:
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
The Director of Services and the Designated Centres PIC have arranged a meeting for early January 2018 with the funder to advance the business case for individualised supports, with a view for individualised services to begin in 2018. At present the resident has a robust Support Plan with positive behaviour support strategies to behaviours of concern that may arise. Each incident is reviewed by the Location Manager that the care plan and reactive strategies are reviewed regularly. The Designated Centres Location Manager and the PIC also review the support the resident receives on a monthly basis. The residents Individual Risk Management plan is reviewed regularly and updated as required following any incident by the location manager and the PIC. The PIC discusses the residents needs and support requirements regularly with the Director of Services.

Proposed Timescale: 31/01/2018

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:
Two prescription sheets viewed found that the dosage outlined on one prescription sheet was not clear, the maximum dose for one as required medication was incorrect and one over the counter prescribed medication was illegible.

9. 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:
Both prescriptions sheets amended as required.

A Prescription Guideline document has been distributed to accompany prescription reviews which sets out the requirements of the service in completing prescription reviews by the prescriber. As a further measure this item will also be added to Location Team Meeting agendas in discussing these requirements in detail with the support staff.
Proposed Timescale: 10/11/2017