| Centre name: | Leeson Park House Nursing Home |
| Centre ID: | OSV-0000058 |
| Centre address: | 10 Leeson Park, Ranelagh, Dublin 6. |
| Telephone number: | 01 497 6500 |
| Email address: | leesonpark@silverstream.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Shanid Limited |
| Provider Nominee: | Joseph Kenny |
| Lead inspector: | Louisa Power |
| Support inspector(s): | Jim Kee; |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 44 |
| Number of vacancies on the date of inspection: | 5 |
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
- to carry out thematic inspections in respect of specific outcomes
- 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 wellbeing 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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: 28 August 2015 10:45
To: 28 August 2015 15:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The inspection was an unannounced inspection to monitor compliance in relation to management of medications as part of an initial project to develop a programme for focused inspections in this area. As part of the single outcome inspection, inspectors met with the assistant director of nursing who was acting as the person in charge, provider nominee, persons participating in management, residents and staff members. Inspectors observed medication management practices and reviewed documentation such as prescription charts, medication administration records, training records, policies and procedures and records of residents' meetings.

The policy in relation to medicines management was comprehensive, accessible and would effectively guide staff in safe medicines management practices. The pharmacist was facilitated to provide pharmaceutical services to residents in line with guidance issued by the Pharmaceutical Society of Ireland. There was a system in place to review and monitor the quality and safety of medicines management practices within the centre. Pertinent deficiencies were identified and action plans put in place to resolve these deficiencies.

A number of improvements were required to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland relating to medication management particularly in relation to administration and documentation practices which were not in line with guidance issued by An Bord Altranais agus
Cnáimhseachais. These findings are discussed throughout the report and in the action plan at the end of the report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Only the aspects relating to medicines management were examined as part of this inspection. As outlined in outcome 11, medication administration records did not always adequately record the medicines administered. Where a dose range was prescribed to be administered, the actual dose administered was not always recorded on the medication administration record.

Judgment:
Non Compliant - Moderate

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre-specific policy on medication management was made available to inspectors. The policy was comprehensive, covered the relevant aspects of medication management and was evidence based. The policy was attached to each medication trolley for easy
Medicines were supplied by a local community pharmacy and there was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

Medicines were stored securely in a locked cupboard or medication trolley. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was to be monitored and recorded daily. However, records made available to inspectors indicated that this was not always completed; this is covered in outcome 11.

Storage of controlled drugs was safe and in accordance with current guidelines and legislation. The balance of controlled drugs was checked at the handover of shift at 08:00 and 20:00. However, the balance was not checked, as appropriate, at the handover of the afternoon shift to maintain a robust chain of custody.

Compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

Inspectors observed medication administration practices and found that the nursing staff did adhere to many aspects of professional guidance issued by An Bord Altranais agus Cnáimhseachais. However, it was observed that practices in relation to documentation were not always in compliance with this guidance; this is covered in outcome 11. Staff reported and inspectors saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

Inspectors noted that medication prescription sheets were current and contained many of the required elements. However, inspectors noted that photocopied/faxed prescriptions were used to administer medicines for some residents and an original prescription had not been sought in a timely fashion. The name of the prescriber was not clearly identified on each prescription record, in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

Medication administration sheets identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. However, inspectors noted a number of gaps in medication administration records where the record was left blank and it was not clear if the medicine had been administered or with-held. Inspectors observed occasions where medicines, including those governed by the Misuse of Drugs Regulations, were not administered at the times prescribed by the prescriber. Inspectors observed a number of ambiguous prescriptions where the instruction for administration was stated as 'as directed'. There was no record that the dose had been clarified prior to the administration of the medicines to ensure the medicine was administered in accordance with the directions of the prescriber. Medication administration records did not always adequately record the medicines administered; this is covered in outcome 5.

Some residents required their medications to be crushed prior to administration and a general authorisation to crush was recorded on the top of the prescription record.
However, each individual prescription did not contain an authorisation by the prescriber to crush the medicine prescribed. An inspector observed a medicine was split in two prior to administration even though the dispensing label from the pharmacy stated the medicine should be swallowed whole. The prescriber had not authorised that the medicine could be split.

Records made available to inspectors confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

Audits in the area of medicines management had been completed in 2015. The results of the most recent audit, completed on 25 August 2015, highlighted many of the issues identified in this inspection and a clear action plan had been developed that had a four week time frame for completion.

Inspectors noted that there was a system for the identification, reporting, investigation and learning from medication related incidents. The clinical incident form was made available to inspectors which recorded the nature of the incident, immediate actions taken and actions to prevent recurrence.

Nursing staff reported that medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. However, an inspector observed that the date of opening was not recorded for a formulation that had a reduced expiry when opened. Therefore, staff could not identify when this medicine was due to expire.

Inspectors observed resources relating to medication management were available to staff. Training had been facilitated in medicines management for staff but 50% of staff had not completed medicines management training; this is covered in outcome 18.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
Only the aspects relating to medicines management were examined as part of this inspection. As outlined in outcome 9, was observed that practices in relation to documentation were not always in compliance with guidance issued by An Bord Altranais agus Cnáimhseachais in relation to recording clinical practice. Inspectors observed that nursing staff recording that medicines had been administered in the medication administration record prior to the medicines being administered. The guidance issued by An Bord Altranais stated that documentation in the clinical record is to be 'carried out as soon as possible after providing nursing/midwifery care.' Inspectors noted erasure fluid was used on some medication administration records.

As outlined in outcome 9, guidance issued by An Bord Altranais agus Cnáimhseachais was not followed in relation to monitoring medication storage. Documents made available to inspectors indicated that the temperature of the medication refrigerator was not always monitored on a daily basis to monitor the reliability of the medication refrigerator.

An inspector observed that a resident's right to refuse medicinal products was not respected. A medicinal product was administered to a resident covertly after the resident had refused to take the medicinal product. There was no record that a multi-disciplinary decision had been made to administer such products covertly.

Inspectors observed that care plans had not been developed to guide staff in relation to the management of conditions such as diabetes.

Judgment:
Non Compliant - Major

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. 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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Only the aspects relating to medicines management were examined as part of this
As outlined in outcome 11, medicines management training was completed for 50% of nursing staff. However, in light of the findings relating to medicines management, inspectors concluded that nursing staff required additional training in this area.

**Judgment:**
Non Compliant - Moderate

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**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:**

Louisa Power  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Leeson Park House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000058</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>28/08/2015</td>
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<tr>
<td>Date of response:</td>
<td>06/10/2015</td>
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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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Medication administration records did not always adequately record the medicines administered.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
All nursing staff to attend Medication Management training on the 30th September 2015. This training will incorporate information on the Importance of how PRN medications are to be administered and recorded.
We have introduced An SOP to guide and support staff in Best practice re the Administration and recording of PRN medications. A PRN medication log record will be used alongside the Medication Administration record to record the reason for the PRN drug use, the Name and Dose of the medication, the Maximum dosage in 24hrs, the Time administered. The PIC /ADON will complete an audit on a monthly basis on the use of PRN medications.

Proposed Timescale: 31/10/2015

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medicines, including those governed by the Misuse of Drugs Regulations, were not always administered at the times prescribed by the prescriber.

2. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
All nursing staff to attend Medication Management training on the 30th September 2015.
All medications Prescriptions will be reviewed by the PIC/ADON/PHARMACIST and the Medication Administration Record (MAR) sheets will reflect the times the medications are to be administered correctly.

Proposed Timescale: 31/10/2015

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of opening was not recorded for a formulation that had a reduced expiry when opened
3. **Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

**Please state the actions you have taken or are planning to take:**
All nursing staff to attend Medication Management training on the 30th September 2015.
A Medications Round Audit has been introduced and will be completed twice weekly by the ADON. This commenced on Thursday 24th September 2015. The Audit includes a review of all “opening dates” of medications. The Findings of these Audits will be reviewed with the Clinical Governance and Operations Manager on a monthly basis and non-conformances identified will be actioned. Learning outcomes will be established and acted upon. Following the review meeting with the PIC and Clinical Governance and Operations Manager the PIC will meet with the nursing staff to review the findings and actions required.

**Proposed Timescale:** 30/11/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The balance of controlled drugs was not checked at the handover of every shift to maintain a robust chain of custody.

4. **Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
The Day Nurse and Night nurse are completing a controlled drug check at the beginning and end of their shifts. The times at 8.00am and at 20:00. The PIC completes a weekly review of the Controlled Drugs and count.

**Proposed Timescale:** 22/09/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Photocopied/faxed prescriptions were used to administer medicines for some residents.
and an original prescription had not been sought in a timely fashion.

5. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
An original prescription will be used within one working day for the administration of medicines.

Proposed Timescale: 19/10/2015
Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The name of the prescriber was not clearly identified on each prescription record, in line with the Medicinal Products (Prescription and Control of Supply) Regulations.

6. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
The PIC will speak with each GP and request that each signature is clearly identifiable on each prescription record, in line with the Medical Products (Prescription and Control of Supply) Regulations. Each prescription will have a PRINT version of Prescribers’ name on it also.

Proposed Timescale: 30/11/2015
Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a number of gaps in medication administration records where the record was left blank and it was not clear if the medicine had been administered or with-held.

7. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident
concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
All nursing staff to attend Medication Management training on the 30th September 2015.
A Medications Round Audit has been introduced and will be completed twice weekly by the ADON. This commenced on Thursday 24th September 2015. The Audit will include a review of all omissions and refusal of medications made by Residents. The reason for omission and/or refusal will be recorded. The Findings of these Audits will be reviewed with the Clinical Governance and Operations Manager on a monthly basis and non-conformances identified will be actioned. Learning outcomes will be established and acted upon. Following the review meeting with the PIC and Clinical Governance and Operations Manager the PIC will meet with the nursing staff to review the findings and actions required.

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<th>Proposed Timescale: 30/11/2015</th>
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<td><strong>Theme:</strong> Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Each individual prescription did not contain an authorisation by the prescriber to alter the form of the medicine (crush or split) the medicine prescribed

**8. Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
Each GP will be met with and requested to indicate what medications are to be crushed. Once the GP has completed the prescription the Pharmacist will review and ensure the medications suitability for crushing.

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<th>Proposed Timescale: 30/10/2015</th>
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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Ambiguous instructions had not been clarified prior to the administration of the medicines to ensure the medicine was administered in accordance with the directions of the prescriber
9. **Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
Every 4 weeks all Residents prescriptions will be reviewed with the PIC/ADON. This is to ensure that each medicine prescribed by the residents GP is clear in how the medicine is to be administered. The residents GP will be requested not to write “as directed” on the prescription but to specify how often and at what dose the medicine is to be administered by the nursing staff. If any unclear prescriptions are found the Residents GP will be requested to review and verify how the medicine is to be administered.

**Proposed Timescale:** 30/11/2015

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### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans had not been developed to guide staff in the management of diabetes.

10. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
Care plans will be developed to guide staff in the Management of Diabetes.

**Proposed Timescale:** 31/10/2015

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**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The temperature of the medication refrigerator was not always monitored on a daily basis to monitor the reliability of the medication refrigerator.

11. **Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident.
including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
The temperature of the fridge is now taken daily at the handover. The PIC reviews this record to ensure it is being completed.

**Proposed Timescale:** 22/09/2015

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A resident’s right to refuse medicines was not respected.

**12. Action Required:**
Under Regulation 06(2)(b) you are required to: Make available to a resident medical treatment recommended by a medical practitioner, where the resident agrees to the recommended treatment.

**Please state the actions you have taken or are planning to take:**
A standard operating procedure will be developed to guide nursing/medical and pharmacy staff in the process of the appropriate care path for residents that consistently refuse medication and the effect of refusing medication would have on their quality of life and health. This care plan will be discussed with the resident/relative as appropriate.

**Proposed Timescale:** 31/10/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Practices in relation to documentation were not always in compliance with guidance issued by An Bord Altranais agus Cnáimhseachais in relation to recording clinical practice.

**13. Action Required:**
Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

**Please state the actions you have taken or are planning to take:**
Medication Management training to be delivered for all nurses on the 30th September.
2015. The training will encompass the An Bord Altranais agus Cnaimhseachais guidelines for medication management for Nurses.

**Proposed Timescale:** 30/09/2015

<table>
<thead>
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<th>Outcome 18: Suitable Staffing</th>
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<tr>
<td><strong>Theme:</strong> Workforce</td>
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<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: 50% of nursing staff had not completed medicines management training.</td>
</tr>
</tbody>
</table>

14. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
All staff will complete medicines management training on the 30th September 2015

**Proposed Timescale:** 30/09/2015