

**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 Phaisnéis
agus Cáilíocht Sláinte

Centre name:	Blath na hOige Residential Service
Centre ID:	OSV-0001769
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Ivan Cormican
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

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: To:
21 March 2017 09:00 21 March 2017 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
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

Background to the inspection:

This inspection was carried out by the Health Information and Quality Authority (HIQA) to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 14 and 15 July 2015. As part of this inspection, the inspector reviewed the six actions the provider had undertaken since the previous inspection. The inspector found that five of these actions had been addressed in line with the provider's response and one had not been addressed and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two residents. The residents interacted warmly with staff and appeared to enjoy their surroundings. The residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Each resident also had a copy of their individual plan in their bedroom. The inspector spoke with four staff members, including the person in charge and an area manager. The inspector observed interactions between residents and staff and work practices. Documentation such as personal plans, risk

assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story house that accommodated up to four residents who have intellectual disabilities. Each resident had their own bedroom which was decorated to reflect their interests. The centre offered a respite service to one person who used the service on set days. This resident had their own bedroom which was not used by any other resident. The house had an adequate amount of shared bathrooms and toilets which were equipped to cater for the needs of residents. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located within walking distance of a large town where trains, taxis and public buses were available. Suitable transport was also made available to residents who wished to access the community.

Overall judgement of our findings:

This inspection found compliance with the regulations under several outcomes including admissions, social care needs, health care and governance and management. Further improvements were required in relation to outcomes including residents rights, dignity and consultation, premises, health and safety, safeguarding, medication and workforce.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the dignity of residents was maintained; however, improvements were required in relation to how residents were consulted in the running of the designated centre and in relation to the availability of information on rights.

The inspector observed staff interacting with residents in a warm and caring manner and staff who were interviewed had a good understanding of residents' needs. Residents had intimate care plans in place which detailed their personal care needs, including areas of independence and where assistance may be required.

The centre had systems in place to respond to and manage complaints. Staff could identify the nominated people to manage complaints and information on how to make a complaint was on display. The centre had no active complaints on the day of inspection. The centre also had information available on how residents could access advocacy services.

Residents were supported to manage their finances. Staff maintained a log of all money which was spent on behalf of residents and receipts of this expenditure was maintained. The person in charge audited residents' finances on a regular basis and a daily balance check was performed by staff.

The person in charge indicated that residents were consulted on a daily basis in regards to their planned activities. However, the inspector found this consultation process was not documented in the centre. The person in charge also indicated that one resident

was involved in meal planning for the week but other residents were not. The inspector also found that information on residents rights was not available in the centre.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents had signed, written agreements in place which detailed the services to be provided and the fees which would be charged. The written contracts also included any additional expenses which the residents may incur.

Judgment:

Compliant

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:

On the day of inspection, the inspector found that each resident's wellbeing and welfare

was maintained to a good standard in the designated centre.

Each resident had a personal plan in place which was reviewed on a regular basis by the staff team. Personal plans incorporated areas such as individual goals, healthcare needs, family connections, communication needs and personal achievements. Residents' plans were also held by residents in their own bedroom.

Residents' goals were formulated on an annual basis with the involvement of the resident, their family and staff members. Residents were supported to achieve their goals and were aided by identified family members and staff. Residents' goals were regularly reviewed and progress notes were maintained.

Residents were also supported to access the community on a regular basis. Residents attended local public houses, shops, restaurants and visited their families during the week.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the premises met the assessed needs of residents. However, improvements were required in relation to decoration.

The premises was warm and clean on the day of inspection. Each resident had their own bedroom which had large fitted wardrobes. Residents' bedrooms were also individually decorated to reflect their personal interests.

The centre had a large open-plan kitchen and dining room and an adequate amount of reception rooms. An appropriate amount of bathrooms which were equipped to meet residents' needs were also available.

The inspector found that some aspects of the centre required decorating, including recently fitted fire doors. The inspector also found that damp was present in the kitchen and that a resident's bedroom required further decoration.

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

Findings:
On the day of inspection, the inspector found that the health and safety of residents, staff and visitors was promoted in the designated centre. The actions from the previous inspection had been addressed with the risk management policy now including all aspects of the regulations, fire doors had also been fitted as required. However, further improvements were required in relation to risk management and fire precautions.

The centre had systems in place for recording and responding to adverse events. The person in charge maintained a record of these events and had responded to all events in a prompt manner.

The centre had fire precautions in place including a fire alarm, smoke detectors, emergency lighting, emergency exits and fire fighting equipment. Staff carried out regular checks of the fire panel and fire extinguishers. However, systems were not in place to ensure that regular checks of fire exits and emergency lighting were conducted.

Staff and residents were conducting regular fire drills. Records of these drills indicated that evacuations were not fully completed as the assembly point was not used as part of the drill. Staff were guided to evacuate residents by their personal emergency egress plan (PEEP). However, one resident's PEEP did not state the supervision requirements of that resident following an evacuation. Staff were also guided to evacuate all residents by a centre emergency evacuation plan (CEEP), however, this CEEP failed to mention all measures which are used to evacuate residents.

The centre maintained a risk register; however, the inspector found that some risks identified on the risk register did not have an individual risk assessment in place. The inspector also found that the centre had not identified all risks within the centre including fire and infection control.

The centre had a policy on infection control. Colour coded mops and a cleaning schedule was also in place.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that residents were safeguarded against potential abuse. However, improvements were required in relation to behavioural support and consent for the use of restrictive practices.

Staff had a good knowledge of identifying and reporting potential abuse. Staff could name the designated officer to manage allegations of abuse and information on how to report abuse was on display in the centre.

The care of some residents was supported by positive behavioural support plans. Staff had a good knowledge of these plans and could identify methods of alleviating residents' behaviours that challenge. However, the inspector found that one positive behavioural support plan had not been devised by an appropriately qualified person.

The centre had some restrictive practices in place which had been approved by the organisation's rights committee; however, the inspector found that some restrictive practices had not been consented to by the resident or their representative.

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:

On the day of inspection, the inspector found that the best possible health of residents was promoted in the designated centre.

Residents were supported to attend their general practitioner on an annual basis and in times of illness. Residents were also referred to allied health professionals and specialists as required. The inspector found that all prescribed interventions following these referrals had been implemented by the staff team.

Each resident's personal plan contained their medical history, and where required, a plan of care had been formulated to guide staff in the care of each condition. The inspector did not observe any meals being prepared on the day of inspection.

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:

On the day of inspection, the inspector found that there were systems in place for the safe receipt, storage, administration and recording of medications. However, improvements were required in relation to the prescribing of rescue medication and the care plan which supported the administration of this medication.

The inspector reviewed an epilepsy care plan and associated prescription sheet, which guided staff in the care of a resident. The inspector found that the plan and associated prescription sheet did not state the maximum dosage of rescue medication which may be administered in a 24 hour period. The plan also failed to sufficiently guide staff as to when the medication should be administered.

Each resident had been risk assessed to manage their own medications. The centre had appropriate storage for medications and staff had a good knowledge of the safe administration of medications, including the actions to be taken in the event of an administration error.

Each resident had an individual prescription sheet in place which had been signed by the general practitioner and staff were completing an administration record following the administration of residents' medications.

The centre had a stock control system in place including medications which were received and those returned to the pharmacy.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

On the day of inspection, the inspector found that the centre had appropriate governance and management arrangement in place,

The person in charge was in a full-time role and conducted regular audits of fire precautions, health and safety, medications and residents' finances.

The provider had conducted an annual review and a six monthly audit of the services provider to residents. An action plan had been generated following both the review and audit, which the person in charge was working towards resolving.

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):

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

Findings:

On the day of inspection, the inspector found that there were sufficient staff numbers to meet the assessed needs of residents. One action, regarding training, had not been addressed since the previous inspection and remained non-compliant. Improvements were also required to the staff rota.

Staff training records stated that staff had received training in fire safety, safeguarding, manual handling and the management of behaviours that challenge. However, not all staff who were administering medications had been trained to do so. This was brought to the attention of the person in charge and the area manager who stated that the staff who had not received medication training, would no longer administer medications. Some staff members had not received training in the management of epilepsy.

The person in charge maintained a staff roster; however, there was no indication for the meaning of abbreviations used on the rota.

Judgment:

Non Compliant - Moderate

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:

Ivan Cormican
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 Western Care Association
Centre ID:	OSV-0001769
Date of Inspection:	21 March 2017
Date of response:	12 April 2017

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The provider failed to ensure that information on rights was available in the designated centre.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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

to advocacy services and information about his or her rights.

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

An accessible rights checklist is now on display within the service. For service users who experience visual impairment, this information will be recorded into audio format. This process is already in place for other rights based information such as IP's and complaints processes. The Independent Advocate has visited the service and staff are aware of how to access advocacy service on a needs led basis.

Proposed Timescale: 19/04/2017

Theme: Individualised Supports and Care

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

It was not evident that residents were consulted in the running of the designated centre.

2. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The PIC has developed a weekly forum where all service user preferences and requests are ascertained and this process will inform service delivery and planned opportunities and preferences for the coming week. This process will be recorded.

Proposed Timescale: 19/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The provider failed to ensure that the centre was appropriately decorated.

3. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

The Provider has approved a plan for decoration of the premises.

Proposed Timescale: 20/05/2017

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:

The provider failed to ensure that risks assessments were available for fire and infection control. The provider also failed to ensure that all risks identified on the risk register had an individual risk assessment 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:

Individual risk assessments on Fire and Infection Control will be carried out by the organisation and put in place appropriate controls.

All risks identified on the service risk register now have an individual risk assessment in place.

Proposed Timescale: 19/04/2017

Theme: Effective Services

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

The provider failed to ensure that regular checks of emergency lighting and emergency exits were carried out.

5. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Provider and PIC have put in place a system for a weekly check of emergency exits and emergency lighting

Proposed Timescale: 04/04/2017

Theme: Effective Services

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

The provider failed to ensure that the designated assembly point was used as part of fire drills.

6. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The Provider and PIC have ensured that, when recording evacuation details, staff are aware that they should record the gathering at the assembly point in their Evacuation record

Proposed Timescale: 05/04/2017**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The provider failed to ensure that the CEEP contained all measures used to evacuate residents.

The provider also failed to ensure that a PEEP highlighted the supervision requirements of a resident following an evacuation from the centre.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The CEEP has been revised to include the communication supports used within the service for all evacuations.

The PEEP referred to in the report has been revised to include supervision requirements throughout evacuations.

Proposed Timescale: 05/04/2017**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:**

The provider failed to ensure that positive behavioural support plans were devised by an appropriately qualified person.

8. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The behaviour support plan in question has been reviewed and signed off by a member of the Behaviour Support Team.

Proposed Timescale: 06/05/2017

Theme: Safe Services

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

The provider failed to ensure that residents or their representatives had consented to the use of restrictive practices.

9. 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:

The PRN protocols referred to in the report will be discussed with, and signed by residents or their families and relevant staff.

Proposed Timescale: 12/04/2017

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:

The provider failed to ensure that epilepsy management plans and prescription sheets detailed the maximum dosage of medication which may be administered in a 24 hour period.

The provider also failed to ensure that epilepsy management plans sufficiently guided staff as to when rescue medication should be administered.

10. 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:

The Epilepsy Management plan has been revised to include more specific guidelines around the administration of emergency medicine. This is signed off by the person's GP

Maximum dosage details in a 24 hour period have been detailed on the prescription sheet and epilepsy plan

Proposed Timescale: 07/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The rota failed to clarify the meaning of abbreviations.

11. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The PIC has included an abbreviation key on the roster

Proposed Timescale: 23/04/2017

Theme: Responsive Workforce

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

The provider failed to ensure that staff had received appropriate training.

12. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The staff member referred to has been nominated for training and will be included at the next available opportunity. This person does not administer medication and will not until they have received training. Only staff who have received training will administer medication

Proposed Timescale: 21/03/2017

