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:	Collins Avenue
Centre ID:	OSV-0005059
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Michael Farrell
Lead inspector:	Thomas Hogan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	0

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
28 September 2017 09:30	28 September 2017 17:30

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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:
This was an announced inspection to assess the designated centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. It was conducted as part of the provider's assessment of application for registration of this designated centre. It was the Health Information and Quality Authority's (HIQA) first inspection of this designated centre in its current configuration and it was completed over one day.

Description of the service:
The service provider had produced a statement of purpose which outlined the service provided within this designated centre. The centre was based in a suburban area of North Dublin and was comprised of one detached two storey house. The centre provided services to two residents each of whom occupied individualised areas of the centre with access to a shared kitchen and dining room area.

How we gathered our evidence:
The inspector met and spoke with one of the residents availing of the services of the centre, a family member of a resident, two staff members, the person in charge, the

service manager and the representative of the registered provider. Various sources of documentation, which included the statement of purpose, residents' files, self-monitoring records, policies and procedures and risk assessments were reviewed as part of this inspection. Three questionnaires completed by residents or family members or friends were submitted to HIQA relating to this inspection. These were reviewed by the inspector and were found to be very complimentary of the service provided in the designated centre. Additionally, in assessing the quality of care and support provided to residents, the inspector spent time observing staff engagement and interactions with residents. A full walkthrough of the centre was also completed by the inspector in the company of the person in charge.

Overall judgment of our findings:
Nine outcomes were inspected against as part of this inspection and overall the inspector observed a high level of regulatory compliance. All nine of the outcomes inspected against were found to be in full or substantial compliance with the Regulations.

These findings along with further details can be found in the body of the report and the accompanying action plan.

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:
The inspector found that each resident's wellbeing and welfare was maintained by a high standard of care and support. Each resident had opportunities to participate in meaningful activities, appropriate to interests and preferences.

There were comprehensive assessments of need completed for each resident which examined the areas of communication, social supports, emotional wellbeing, general health, physical and intimate care supports, safety, environmental considerations, and rights. A range of personal plans were in place which set out the arrangements in place to meet the needs identified through the assessment process. The inspectors found that the personal plans were prepared with maximum participation of residents and family members.

The inspector spoke with one resident at length about their experience of living in the designated centre. The resident presented a recorded video called "all about me", which was made with the assistance of staff members, to communicate their general and social care experiences in the centre. There were several examples of very positive social care undertakings involving the resident. One such example involves the resident learning to play the guitar. Another example involved the strategic placement of encouraging posters being placed in areas of the designated centre to support the resident during times of stress.

Activity records reviewed by the inspector found evidence of high levels of opportunity for meaningful activities for residents. In addition, evidence was available to indicate that personal goals were being achieved on a regular basis.

The inspector found that residents were supported to move between services and planned supports were in place during this process. A review of transition documentation found that residents and families were consulted with regarding admissions and transfers to the designated centre.

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:
The inspector found that the design and layout of the designated centre was suitable for its stated purpose. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents.

There was adequate private and communal accommodation for residents and rooms were found to be of a suitable size and layout. The building was found to be homely, decorated in accordance with the personal wishes and preferences of residents, and maintained to a high standard.

Facilities were available for residents to launder their own clothes. There were suitable arrangements in place for the safe disposal of general waste.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall, the inspector found that the health and safety of residents, visitors and staff was promoted and protected in the designated centre. Some minor areas of improvement were identified at the time of inspection and these were brought to the attention of the person in charge, service manager, and representative of the registered provider.

There was a local risk register in place in the designated centre which listed six risks. In addition, a range of risk assessments were found to have been completed on issues such as manual handling practices, unexpected absence of a resident, lone working arrangements, infection control, fire, community activities, food safety, behaviours which challenge etc. However, the inspector found that risk assessments were not in place for all hazards. Overall, however, risk management was found to have been managed appropriately and control measures examined were appropriate and in place.

Health and safety inspections were found to be completed on a monthly basis in the designated centre and the following areas were considered: personnel, occupational health and welfare, training and instruction, hazard identification and risk assessment, first aid arrangements, accident and incident reporting, third party service providers, handling and storage of household chemicals, manual handling, workplace assistive equipment, waste management, behaviours which challenge, unit transport, housekeeping, environment, electrical, food safety, and unit safety management system. A separate monthly checklist completed with a fire officer was found to examine escape routes, fire alarm system, emergency escape lighting, fire fighting equipment, and fire drills.

Daily checks were found to have been completed by staff members in the areas of obstructions to fire exits, fire doors, key boxes and break glass units, fire alarm system, escape lighting, and fire fighting equipment.

A review of completed fire drills in the designated centre found that on two separate occasions a resident refused to evacuate from the building, however, while the personal emergency evacuation plans (PEEP) for residents did mention that this was a possibility, the PEEP document did not outline clearly what was to happen if this occurred.

The inspector found that suitable fire equipment was provided and the fire alarm and fire safety equipment was serviced on a regular basis.

A review of incident and accident records highlighted that 76 records had been created since the beginning of 2017. There was evidence of appropriate follow up on incidents, with discussions being held at 'inter clinician' and at team meetings, and evidence of learning from serious incidents.

Staff training records were reviewed by the inspector and it was found that all staff members had completed training, including refresher training within the required timeframe, for fire safety and manual handling.

A risk management policy (dated April 2016) was found to be in place in the designated centre. There were ten individual policies which collectively were considered a health and safety policy in the centre. These included: waste management (dated November 2016), management of occupational blood exposures (dated May 2016), infection control (dated April 2017), management of spillages of blood and bodily fluids (dated April 2017), food safety (dated January 2016), food safety manual (dated August 2014), environmental hygiene and cleaning (dated December 2015), hand hygiene (dated February 2017), fire safety (dated October 2015), and local missing persons policy (dated May 2017). Two of these documents were found to have not been reviewed within the required three year timeframe.

There was a health and safety statement (dated June 2014) available in the centre, however, it was found that this document had incorrect names of key personnel listed such as the chief executive officer. In addition, section 9.2 of the document outlined a requirement for an annual review of the health and safety statement, however, it was confirmed by registered provider representative that this was not completed.

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):
No actions were required from the previous inspection.

Findings:
The inspector found for the most part that there were measures in place in the designated centre to protect residents from being harmed or suffering abuse. Residents were provided with emotional, behavioural and therapeutic supports which promoted a positive approach to behaviours which challenge. A restraints free environment was promoted. The inspector found some areas of improvement were required in the management of safeguarding concerns and this was brought to the attention of the person in charge, service manager, and registered provider representative at the feedback meeting.

Policies were found to be in place for the prevention, detection an response to abuse

(dated January 2016), the provision of intimate care (dated October 2016), and the use of restrictive practices (dated September 2016).

Staff training records reviewed by the inspector found that all staff members working in the designated centre had completed training in safeguarding, however, two staff members had not completed mandatory training in positive behaviour support as required.

The inspector spoke with the person in charge and two staff members regarding safeguarding. It was found that all three staff members were knowledgeable on what constituted abuse and what actions to take if abuse was witnessed or suspected. In addition, staff members were observed to treat residents with warmth and respect throughout the inspection period. The inspector met with a family member of a resident using the services of the designated centre. The family member outlined that the resident felt safe overall and appeared to be very happy currently. The family member informed inspectors that restrictive practices are regularly discussed with the family and regular meetings are held about safeguarding concerns.

Five notifications of allegations, suspicions of, or confirmed incidents of abuse of residents which were made to HIQA were reviewed by the inspector at the time of inspection. While it was found that preliminary screenings had been completed for all incidents, there were no safeguarding plans on file for two incidents. In cases where safeguarding plans were on file they were found to be basic in nature and presented in a format that did not outline the person(s) responsible for the implementation of the actions, or the date by which actions were to be implemented.

The multi elemental positive behaviour support plans of both residents were reviewed by the inspector. They were found to have been prepared by a clinical psychologist in consultation with the person in charge and to be comprehensive in nature. The documents focused on the following areas: background, behaviour, house agreements, general support guidelines, proactive strategies, amber strategies, red strategies, blue strategies, and strategies for fire or fire drill. The inspector found that these documents guided the practice of staff members.

Three restrictive practices were found in place in the designated centre at the time of inspection. A 'positive approaches monitoring group' had reviewed all three restrictions and approved their use until May 2018 when a review was scheduled to be carried out. The person in charge outlined measures taken to reduce the restrictions to the least restrictive alternative and for the shortest duration of time.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health.

Residents' health care needs were met through timely access to health care and appropriate treatments and therapies. In addition, the health care needs of residents were found to have been appropriately assessed and met through the care and support provided in the designated centre. There was access to allied health services which reflected the care needs of the residents availing of the services of the centre. The inspector found that residents had access to a medical practitioner of their choice, or one that was acceptable to them. Staff members, and the person in charge, were found to be very knowledgeable of the health care needs of residents.

The mealtime experience was discussed with staff members and one resident. Residents are supported to prepare and cook their own meals and partake in grocery shopping. Menu planning formed a standing agenda item on the weekly house meetings for residents and choice was available for all mealtimes. There was opportunities provided for residents to dine at restaurants and this mainly took place at weekends.

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:
Overall, the inspector found that residents were protected by the designated centre's policy and procedures for medication management.

There was a policy in place in the designated centre (dated January 2015) which provided guidance in the areas of responsibilities for management of medication, procedures to safely administer medication, supporting guidance, and incident or error

management. Appendices to this policy document included directions on the prescribing and administering of medication, the storage of medication, the transport of medication, the auditing and disposal of medications, controlled medications, and the use of blister packs. The policy was found not to have been reviewed in the timeframe set out on the document.

Individual medication plans were found to be in place for residents. Staff spoken with demonstrated knowledge of good practices relating to the administration of medication and actions to take in the event of a medication error.

There were appropriate procedures in place for the handling and disposal of unused and out of date medication. Systems were in place for reviewing and monitoring safe medication management practices.

The inspector found that while there was a locally prepared PRN medication protocol (medication only taken as the need arises) in place for one resident, there was a lack of appropriate oversight from the prescribing health care professional.

Self administration of medication capacity and risk assessments were found not to be completed at the time of inspection. The person in charge acknowledged this and highlighted that one resident had declined to partake in the process.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The inspector found that there was a written statement of purpose in place in the designated centre at the time of inspection. Some minor errors were found to be contained within this documents and the inspector provided the person in charge and service manager an opportunity to rectify these during the time of inspection. A revised statement of purpose was made available before the conclusion of the inspection. This document was found to contain all of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The statement of purpose was made available to residents in an accessible format.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The inspector found that the quality of care and support and experience of the residents were monitored and developed on an ongoing basis in the designated centre. Effective management systems were found to be in place which supported and promoted the delivery of safe, quality care services. There was a clearly defined management structure which identified the lines of authority and accountability in the designated centre.

The person in charge outlined to the inspector arrangements which were in place for performance management of staff. This involved individualised annual meetings with staff members for which records were made available to the inspector. The person in charge was found to meet with the service manager on a regular basis and in turn the service manager was found to meet with the representative of the registered provider on a regular basis.

An annual review of the quality and safety of care in the designated centre was found to have been completed in April 2017. The review provided for consultation with residents availing of the services of the designated centre, members of the staff team, and family members of residents. In addition, the review outlined information relating to: unannounced six monthly visits, health and safety inspections, fire drills and risk register, adverse incidents and safeguarding, HIQA inspections, compliments and complaints, staff training, reporting arrangements, policies and procedures, conclusion, achievements, and plans for 2017.

Six monthly unannounced visits were found to have been completed on 24 July 2017, 04 January 2017 and 27 September 2016. Reports relating to all three unannounced visits were made available to the inspector. Areas focused on within the visits included: review

of complaints, nurse manager on call supports, restrictive practices, assessments of risk, assessments of residents' needs, emergency planning, staff training, accidents and incidents, safeguarding, medication management, finances, notifiable events, governance and management, transport, and review of previous reports. A corrective action plan was in place for findings from the unannounced visit with persons identified for completing actions and dates for which actions are to be completed by.

The person in charge was spoken with during the inspection and they demonstrated appropriate knowledge of the legislation and the statutory responsibilities. There was evidence available which highlighted the person in charge's engagement in the governance, operational management and administration of the designated centre on a regular and consistent basis. Staff spoken with stated that the person in charge provided good leadership.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that there were appropriate staff numbers and skill mix in the designated centre to meet the assessed needs of residents and the safe delivery of services. Residents were found to receive continuity of care.

There were sufficient staff with the right skills, qualifications and experience employed in the designated centre. Staffing levels took into account the statement of purpose and size and layout of the building. There was an actual and planned roster available in the centre at the time of inspection. Residents were observed to receive assistance, interventions and care in a respectful, timely and safe manner.

Staff spoken with demonstrated appropriate knowledge of the Regulations and Standards, and were supervised appropriate to their role. Formal supervision records were reviewed by the inspector and it was found that these outlined high quality supervision meetings.

Staff training records were reviewed and all mandatory training was found to have been completed and up to date with the exception of positive behaviour support which was referred to in Outcome 8. The person in charge confirmed that there were no volunteers employed in this designated centre.

Staff files were not reviewed as part of this inspection.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thomas Hogan
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 St Michael's House
Centre ID:	OSV-0005059
Date of Inspection:	28 September 2017
Date of response:	20 December 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 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:
Risk assessments were not in place for all hazards.

1. 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

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

for responding to emergencies.

Please state the actions you have taken or are planning to take:
The PIC will analysis all documented adverse incidents and residual risks in the centre. From the correlating data, control measures will be implemented in order to eliminate/reduce any potential negative outcomes in the centre

Proposed Timescale: 31/01/2018

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a lack of appropriate follow up on risks identified during two fire drills completed in the designated centre.

2. 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:
In consultation with Senior Clinical Psychologist, the PIC will review and updated all Personal Emergency Evacuation Plans, clearly outlining actions to be taken in the event a resident does not comply with the fire evacuation procedures' for the centre

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:
Two members of staff were found to have not completed positive behaviour support training as required by the designated centre.

3. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
The two staff members are scheduled to complete their positive behaviour support training by March 2018

Proposed Timescale: 31/03/2018

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Safeguarding plans were found not to be on file for two reports of alleged, suspected or confirmed incidents of abuse or residents.

4. 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:
In consultation with SMH designated officer, the PIC will complete safeguarding plans for the two alleged incidents of abuse, clearly outlining the person(s) responsible for the implementation of the actions and the date by which actions are to be implemented.

Proposed Timescale: 31/12/2017

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:
Self administration of medication capacity and risk assessments were found not to be completed at the time of inspection.

5. Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

Please state the actions you have taken or are planning to take:
Psychology will input with the identified resident in regard to capacity and willingness to self-administer

Proposed Timescale: 31/12/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The inspector found that while there was a locally prepared PRN medication protocol (medication only taken as the need arises) in place for one resident, there was a lack of appropriate oversight from the prescribing health care professional.

6. 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:
SMH Locum Consultant Psychiatrist will review and sign the PRN medication protocol for the administration of psychotropic medication for the identified resident

Proposed Timescale: 22/12/2017