

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mullinahinch House
Centre ID:	OSV-0000148
Centre address:	Mullinahinch, Monaghan.
Telephone number:	047 72 631
Email address:	mullinahinch@yahoo.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mullinahinch House Private Nursing Home Limited
Provider Nominee:	Aidan Murray
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	55
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
- 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: 23 March 2015 10:00 To: 23 March 2015 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and was the sixth inspection of the centre by the Authority. Inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, policies and procedures, medication records and risk management documentation.

All residents were receiving safe and appropriate care based on their individual needs.

The provider and person in charge worked full-time in the centre and there was a management infrastructure in place to ensure the care and welfare of residents.

Inspectors found that residents care and welfare was monitored with appropriate and timely referral for medical consultation and/or transfer for further care in hospital as necessary. Infection prevention and control procedures were found to be in line with evidence based practice and clinical care provided in the area of food and nutrition resulted in positive outcomes for all residents but especially residents with unintentional weight loss.

All policy and procedure documentation had been reviewed and/or was undergoing review by the provider. This process was enhanced by the provider and person in charge facilitating peer-review of this documentation by professionals with expertise in relevant areas. This process ensured that policies and documentation referenced contemporary evidence based practice to underpin the care provided to residents.

Staffing levels and skill mix were appropriate to meet the assessed needs of residents.

Staff had received additional mandatory and professional development training provided since December 2014. The inspectors found that all staff referenced on the duty roster as working in the centre had completed mandatory training in fire safety and protection of vulnerable adults. Staff had also completed cardiopulmonary resuscitation training, nutrition and dementia care training to support their professional practice.

The provider had updated the centre's safety statement and a revised risk identification and assessment system was being implemented and was at an advanced stage of development. Fire evacuation drills and staff safety training had been completed.

The Action plan at the end of this report identifies mandatory improvements that must be made to meet the requirements of 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.

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is 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:

Governance, Leadership and Management

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

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

Findings:

The written statement of purpose for Mullinahinch House Nursing Home consisted of a statement of the aims, objectives and ethos of the centre, detailed the facilities and services provided for residents and contained the information required by Schedule 1 of the Regulations.

The provider was aware of the need to keep the document under no less often than annual review. The statement of purpose provides an accurate reflection of the facilities and services provided and are implemented in practice in the centre.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Findings:

The roles and responsibilities of all persons who were involved in the management of the centre were defined to ensure that lines of authority and accountability were clearly established. The provider and person in charge worked full-time in the centre. This

organisational structure was referenced in the centre's statement of purpose.

The inspectors were told that monitoring of quality and safety was increased. Documentation referencing review of the quality and safety of three areas of practice, completed since the last inspection were reviewed by inspectors. These reviews informed changes to practice with evidence of improved outcomes for residents.

There was evidence of additional staff training and all staff had attended mandatory training. Inspectors observed that the centres' suite of policy and procedure documentation was undergoing review with some policy documentation being peer reviewed by experts in the relevant areas to ensure they advised contemporary evidence based information.

An audit of resident accidents and incidents completed for 2014 identified specific times where resident falls were higher with evidence of measures put in place to address areas of deficit. Appropriate staffing levels and skill mix in conjunction with other improvements made was adequate to meet the assessed needs of residents' and to provide a service as documented in the statement of purpose document on the day of inspection.

The evidence found on this inspection informed inspectors' conclusion that clinical leadership was appropriate in the centre as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:
Compliant

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

Findings:
The inspectors found that a comprehensive review of all policies and procedures was taking place with a view to ensuring all care was based on contemporary evidenced

based practice. The review process was designed to record implementation or/and review dates. Some policies were completed and implemented while others were in draft format and were being peer reviewed prior to full implementation.

The centre's health and safety statement was reviewed since the last inspection and although identification of all potential risks was not fully completed, the process was well advanced. The provider and safety officer discussed progress on this process with inspectors and demonstrated evidence that although these risk assessments were not complete, they were at an advanced stage.

Record keeping and documentation was in place in relation to;

- daily monitoring of fire exits
- fortification procedures of meals for residents
- on-going medical assessment, treatment and care
- the management of residents with seizure activity.

The staff duty roster was revised to record staff hours worked in 24hr clock format including staff working on night duty in the centre.

Judgment:

Substantially Compliant

Outcome 07: 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 provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

Residents told inspectors that they felt safe and were complimentary of the staff caring for them. Staff to resident interactions were observed by inspectors on the day of this inspection and were found to be satisfactory. Vulnerable residents resting in communal areas were observed by inspectors to be adequately supervised by staff at all times. Protection of vulnerable adults training was provided since the last inspection and the training records provided to inspectors confirmed that all staff had completed this training as required. Staff spoken with by inspectors were aware of the appropriate protective procedures they should follow in the event of a disclosure being made to them.

The policy document to inform protection of vulnerable adults in the centre was being peer-reviewed by the accredited trainer on protection of vulnerable persons. A copy of the draft policy was available to inform practice if necessary. The person in charge confirmed that there were no allegations of elder abuse reported or under investigation in the centre.

Assessments and care procedures for residents exhibiting symptoms of challenging behaviour were in place. This included recording of behaviour, analysis of triggers and identification of techniques to help residents to relax. There was evidence of trials of alternatives to restraint use. For example a lap-belt was no longer required and comfort was improved for a resident following implementation of changed seating equipment while another resident's agitated behaviour was managed with administration of pain relieving medicine.

The inspectors observed appropriate use of prescribed medication for specified medical conditions. Residents' medication had undergone review and PRN (as required) psychotropic medications were prescribed, within a protocol framework for use as an alternative when a number of less restrictive interventions failed. There was adequate arrangements in place for monitoring of effectiveness of PRN medication, if this intervention was required.

There was evidence that bedrail use for residents was assessed, monitored and reduced where appropriate with implementation of alternative safety and enabling equipment. Alternatives to bedrails were being sourced and where bedrails were used, they were applied for residents with releasing schedules in place to ensure their use was for the minimum amount of time. Residents with capacity to make informed choices, who requested bedrails for security rationale during the night were provided with means of alerting staff to disengage bedrails to enable access to toilet facilities.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Infection control and prevention procedures were in line with evidenced based practice.

Hand hygiene by staff was observed to meet best practice procedures and standards. Cleaning staff spoken with by inspectors were knowledgeable in relation to infection prevention and control procedures including managing waste. All hand hygiene solution dispensers were fitted with drip-trays to prevent leakage onto the floor minimising subsequent risk of resident slip or fall incident.

There was evidence from the training records provided that staff education and training in infection prevention and control had taken place to ensure all staff were informed of evidence based practices in this area.

Inspectors observed that the health and safety statement was reviewed and dated January 2015. On this inspection, inspectors found that the risk register was being reviewed by the provider and safety officer and was in draft format. The draft document supported evidence that reassessment of potential risks and controls was in progress.

Daily inspections of escape routes were satisfactorily completed including at weekends and all fire exits were observed to be clear of obstruction on the day of inspection.

Staff training records confirmed that all staff had completed fire training and had an opportunity to participate in a fire evacuation drill. However, a simulated night-time drill had not as yet, been carried out. Staff spoken with were aware of the procedures for evacuating residents in the event of a fire occurring in the centre. All staff had participated in a fire drill as part of their annual fire safety training.

Judgment:
Substantially Compliant

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

Findings:
The policies on medication management were made available to the inspectors. The policies had been reviewed in January 2015. The policies related to the ordering, prescribing, storing, administration and disposal of medicines. Inspectors saw that the policies were made available to staff and contained adequate information to guide staff.

Medications for residents were supplied by a local community pharmacy. Inspectors spoke with the pharmacist who confirmed that he was facilitated to meet his obligations to residents in accordance with guidance issued by the Pharmaceutical Society of

Ireland, including consultation with individual residents and medication usage reviews.

Inspectors noted that medications were stored in a locked cupboard or medication trolley. Inspectors observed that the medication trolley was locked when left unattended.

Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation. Medications requiring refrigeration were stored appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded twice daily.

The inspectors observed medication administration practices and found that the nursing staff observed did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Staff reported and the inspectors saw that it was not practice for staff to transcribe medication and no residents were self-administering medication at the time of inspection.

There was a system in place for reviewing and monitoring safe medication management practices. Results of audits completed since the last inspection were made available to inspectors. These audits were completed by members of the multi-disciplinary team and examined a number of aspects including disposal, ordering, storage and administration of medications. Pertinent actions had been identified and there were plans to repeat the audits to ensure that these actions were implemented.

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.

There was a system in place for the identification, reporting, investigation and learning from medication related incidents. The medication incident log was made reviewed by an inspector. The log recorded the nature of the incident, immediate actions taken, investigation by the person in charge and learning to be implemented. There was evidence that learning from medication incidents was implemented.

An inspector examined a sample of medication prescription sheets and administration records. The medication prescription sheets examined were current. The inspector noted that the majority of medication prescription records were complete and contained all of the required elements. However, a small number of the medication prescription sheets examined did not contain a signature for each medication order and were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007.

Medication administration sheets examined 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. The times of administration matched the prescription sheet.

Medications which were out of date or no longer needed by a resident were stored in a secure manner, segregated from other medicinal products and returned to the pharmacy for disposal.

Judgment:
Substantially Compliant

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

Findings:
There were 54 residents residing in the centre on the days of inspection, one of whom was in hospital. Twenty three residents had assessed maximum dependency needs, eight had high dependency needs, nineteen had medium and five had low dependency needs. Each resident had evidence of a needs assessment with corresponding care plans in place to address their individual requirements.

Nursing care of residents was evidence based and informed by a number of policies and procedures which had been recently reviewed. Individualised care plans informed staff of the care needs of residents.

The inspectors also found that the sample of resident care documentation reviewed evidenced adequate monitoring with completion of appropriate care procedures and timely referral of residents who were unwell for medical consultation or transfer to hospital care services as appropriate.

Care of residents with nutritional needs are discussed further in outcome 15.

Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

The inspectors found that the policy to advise staff on monitoring and documentation of residents nutritional well-being was being reviewed with the assistance of professional dietetic services. The process for monitoring residents' weight and recording their intake, had been reviewed and improved. Intake and output charts of residents were populated with the amount of food eaten; which improved the information available for accurate nutrient evaluation. Recommendations made by the nutritional professionals in relation to modification of residents' food and fluid intake were adequately and accurately implemented.

A menu audit was completed on the 10 March 2015 which reviewed the nutritional value of food and fluid provided in terms of balance and variety. New menus were developed with a second hot dish provided for the lunchtime meal which afforded residents choice of prepared hot meal option. This initiative was supported by development of menu cards which were ready for implementation following review by the dietician.

The inspectors observed the lunchtime meal on the day of this follow-up inspection and observed that the mealtime arrangement was changed since the last inspection to now accommodate residents in two sittings. The first sitting accommodated residents with increased needs in terms of increased assistance they required and/or supervision with independent eating. Some of these residents also required modification of the consistency of their food to support their intake of adequate fluid and nutrition. The inspectors observed that residents who required assistance with eating were provided with same in a discrete and dignified way. There was sufficient staff in the dining room, supporting residents to enjoy their meal together.

An inspector spoke with the chef who demonstrated that modification and fortification of food was undertaken at kitchen level. Professionally recommended fortification products in addition to food products with reduced fat, calories and sugar content among others as reflected by residents' needs were available in the kitchen. This process was informed by outcomes of consultation and resident assessment by professional experts in nutrition. A new large white notice board had been installed in the kitchen, which was populated with accurate and up to date information on the dietary needs of residents at risk of unintentional weight loss and residents with specialist diets due to their medical conditions. This board ensured ease of reference for the chef and catering staff as they prepared residents' meals.

Weekly monitoring of residents' weights was undertaken for those residents identified as being at risk of unintentional weight loss. Inspectors observed evidence of positive outcomes for residents in response to interventions taken to date with either stabilisation of weight loss and evidence of weight gain in some cases. There were nine residents with a medical diagnosis of diabetes. Glucose level monitoring of serum and/or urine was completed as appropriate to inform these residents' dietary and medicinal requirements.

An inspector observed that there were packs of moist wipes available for residents' use at some tables during mealtimes. Residents were offered a choice of a clothes protector or a napkin. Residents spoke to inspectors in complimentary terms regarding their mealtime experience and the food provided to them.

Judgment:
Compliant

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):

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

Findings:

A copy of the staffing roster was provided to inspectors and reflected that there is a registered nurse on duty in the centre at all times. On the days of Inspection, this record accurately reflected the staffing numbers and skill mix within the centre.

Inspectors found that there was good deployment of staff to meet the needs of residents in the dining room.

Staff also demonstrated they were adequately informed of the care needs of residents and were observed by inspectors to carry out practices reflective of evidence based principles in respect of meeting the needs of resident. There was two staff nurses and eight carers up to 22:00hrs which reduced to one staff nurse and four carers thereafter for the remainder of the night covering two floors in the designated centre.

The centre's statement of purpose document had been reviewed and an area referenced as a 'high dependency' facility accommodating four residents was appropriately re-designated as observed by inspectors. The facility accommodated three residents on the day of inspection, one of whom had assessed high dependency needs and two had maximum dependency needs. None of these three residents remained in bed on the day of inspection.

A staff training matrix was provided and recorded staff attendance at training to support their professional development and mandatory training requirements. The training records confirmed that all staff working in the centre had completed mandatory training as required. There was evidence on this follow-up inspection that staff implemented the training they received in terms of evidence based practice.

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:

Catherine Rose Connolly Gargan
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:	Mullinahinch House
Centre ID:	OSV-0000148
Date of inspection:	23/03/2015
Date of response:	27/04/2015

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:

Some policies and procedures to inform practice as required by Schedule 5 of the regulations were in draft format on the day of inspection

1. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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 policies and procedures have been implemented as required by Schedule 5.

Proposed Timescale: 02/04/2015

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

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

Although in progress, identification and assessment of potential risks and controls was not completed.

2. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

All policies and procedures have been implemented as required by Schedule 5.

Proposed Timescale: 02/04/2015

Theme:
Safe care and support

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

A simulated night-time drill had not been carried out to ensure staffing levels were adequate to meet the evacuation needs of residents at night-time.

3. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

All staff members undergo the same Fire safety and Evacuation training. This is done under "simulated" fire conditions.

Proposed Timescale: 02/04/2015

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:

A small number of the medication prescription sheets examined did not contain a signature for each medication order and were not complete authorisations to administer medications as per the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) 2007.

4. 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 medication prescription sheets will contain a signature from a GP for each medication order.

Proposed Timescale: 02/04/2015