

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0005158
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Noelene Dowling
Support inspector(s):	Louisa Power;
Type of inspection	Announced
Number of residents on the date of inspection:	10
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
02 December 2015 10:00	02 December 2015 20:00
03 December 2015 08:30	03 December 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to have the centre registered. All documentation required for the registration process was provided with the exception of compliance with the local authority planning department.

This was the second inspection of this centre which provides long term residential services to people with intellectual disability, people on the autism spectrum and physical and sensory disabilities. Service is provided to 10 residents in two houses located in the community.

On the days of the inspection there were 10 residents living in the centre and the provider had applied for registration for a total of 10 residents. Inspectors also reviewed the actions required from the previous inspection which took place in 2014. A total of 16 actions were required. In total ten of the actions had been satisfactorily addressed and improvements were evident in the remainder. Additional actions were required in safeguarding procedures.

An immediate action plan was issued to the provider in relation to emergency care for residents in two areas ; to manage the risk of choking or hypoglycaemia. Staff had no training in the management of these identified risks. The provider response was timely and satisfactory and training was provided within a number of days. Nonetheless, the level of non compliance was deemed as major due to the level of risk involved.

Inspectors met with residents and staff and observed practices. Inspectors also reviewed questionnaires completed by residents or their representatives. All of the responses were very positive regarding the quality of their lives, their feeling of safety and the choices they had available to them in their daily lives. Inspectors reviewed documentation including policies and procedures, personnel files, health and safety documentation and residents records and personal plans. As part of the registration process inspectors met with the person in charge and the provider.

The findings of this report are influenced by a number of factors including:
The centres management structure is in a significant period of transition with posts not currently filled.

Inspectors found that there was a commitment to ensuring that residents were a part of and included in the local community. Familial relationships' were supported and residents had access to meaningful activities and opportunities to develop skills.

Healthcare needs were promptly responded to. There was a significant emphasis on their right to make choices and remain as independent as possible with supports as required. Complaints were managed transparently. There was sufficient number and skill mix of staff available.

Improvements were required in the following areas:

- safeguarding systems including appropriate systems for residents who required guardianship
- adherence to interventions prescribed by clinicians for safeguarding
- restrictive practices
- risk management procedures
- medication management
- residents' personal plans did not consistently demonstrate adequate review or multidisciplinary involvement
- staff training in crucial areas including the development of personal plans and risk assessment
- systems to overview and monitor the quality and safety of care
- transparent contracts for resident

- documentation and policies.

These issues are covered in more detail in the body of the report.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

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

Findings:

There were three actions required from the previous inspection and all had been acted upon or were in process. The glass panels in the bedroom doors had been suitably covered and the process for recording of complaints was transparent. The independent advocate had been approached and although meetings with the individual residents had not yet taken place this was arranged.

A number of actions were identified which required review. In one instance the language used in hospital information booklet did not promote the residents privacy or dignity. While some residents had their voting arrangements organised, this was not the case for those who did not have family support outside of the centre.

Overall inspectors found that residents' capacity to exercise personal choice, maintain their dignity and ensure they were involved and consulted in their day-to-day lives and care were promoted. The residents who could communicate with the inspectors indicated a significant level of satisfaction with their quality of life at the centre as did the questionnaires received.

There was evidence that residents and their representatives were involved in their personal planning, and choosing their own activities and personal goals and their annual reviews of the social aspects of the personal plans. There was good and respectful communication evident between the staff and the residents. Residents meetings took place very frequently and the records available showed that the residents' views were elicited and changes made accordingly. A number of residents participated in the local advocacy forum. The availability of independent advocacy for those residents who

cannot easily make their preferences known will compliment this process.

Residents were encouraged and supported to remain in control of their own finances where this was deemed appropriate and transparent records of spending on behalf of residents were maintained.

Residents attended religious services in the local community as they wished. There was sufficient transport available and staff were consistently available to accompany residents to local events. There was a policy on personal property and finances and inspectors saw detailed lists of personal belongings.

Staff were observed being sensitive to residents need for privacy and personal space. Bathrooms had suitable locking mechanisms although not all of the bedrooms had this in place.

There was a written operational policy and procedure for the making and management of complaints. However, this required a review as it did not specify the person responsible to ensure that the complaints process was appropriately managed in line with the regulations. A pictorial synopsis was posted in a suitable area of the premises. Residents who could communicate with the inspectors said they felt they could tell the staff about any complaint and it would be listened to.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the diverse communication needs of the residents were supported by staff who were knowledgeable of their verbal and non verbal communication and able to communicate effectively with them.

Residents personal plans held detailed communication needs analysis and guidelines for staff in the use of visual aids and sign language, which a number of staff were familiar with. Resident's non verbal communication such as facial expression and gestures were also observed to be understood by staff. Pictorial activity cards and schedules were used to good effect with a number of the residents. Some residents used assistive technology and another was identified as requiring this technology to help with communication. This

was in the process of being purchased following the advice of the speech and language therapist.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that familial relationships were maintained and supported by consistent communication with family members, supports for visits home and visits by families to the centre. Although inspectors met with no relatives during the process documentary information received from relatives indicated that they were consulted and involved in personal planning.

There was evidence that residents had opportunities to meet and engage with people in the local community via attendance at events and facilities, shopping, coffee shops and restaurants.

Judgment:

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:

There was a suitable policy and procedure for admissions to the centre.

A contract for the provision of care and the services to be provided was issued to the residents or their representative for signing. However, the contract was ambiguous in how it outlined the actual services to be provided, and the fees for both those services and additional costs which are levied for items such as maintenance of the premises.

There was transfer information available should a resident require transfer to acute care services, however in some instances the crucial information regarding residents' health care was omitted from the document.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were three actions required following the previous report in relation to the annual reviews of personal plans, the inclusion of key information and the multidisciplinary review of plans. While improvements were evident the actions had not been fully resolved.

From a review of six resident's records there was evidence that all residents had very detailed and easy read pictorial format personal plans documented in relation to social care with the views and aspirations of the residents included. Some residents showed these to the inspectors. There was evidence that the effectiveness and outcome of these were monitored. Relatives were also involved in the development of these plans.

A pro-forma document which included assessment tools and planning on a range of matters including health, social care, behavioural support, training and community involvement was used. There were time-scales and named persons responsible. While there was evidence of multidisciplinary involvement such as speech and language, dietician and physiotherapy in the assessments the care plans did not consistently

address the assessed needs identified. Where they did, they were very detailed. However, deficits noted included special dietary requirements, supports for identified medical conditions and falls risks.

In the inspectors view this may be caused by staff requiring further training in the use of the documentation and how to complete it. However the documentation was copious and did not support effective or concise assessment and planning.

While a system of annually reviewing the residents personal plans had been undertaken as required the reviews were not multidisciplinary. In some instances no multidisciplinary review had been held for over two years. Those that were held focused on current crisis, for example, in relation to behaviours. Inspectors also noted a significant gap in access to psychological assessment for residents and guidance for staff. The person in charge and the provider were aware of this deficit and outlined their efforts to recruit suitable persons to fill this role.

There was evidence from the documents and speaking with staff that some residents were impacted upon by the number of people living together and by the behaviours of residents. A significant effort had been made to manage this by increasing staff numbers and ensuring there were periods of separation for residents to alleviate the situation. However, while commendable, this situation indicates that a thorough review of placements is required in one of the houses to ensure the care required can be delivered to the individual residents.

There was transfer information available should a resident require transfer to acute care services, however in some instances the crucial information regarding residents' health care was omitted from the document.

Residents had access to social and meaningful activities of their choosing based on their preferences. These included participating in work experience, arts and crafts, gardening, concerts, holidays, swimming, cinema and local events.

They participated in the daily life of the houses, for example they helped with laundry, cooking and undertook general housekeeping chores to promote their independence, a sense of active participation and inclusion in the life of the centre. They told inspectors this was important to them.

Judgment:

Non Compliant - Moderate

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 premises are suitable for purpose and meets the needs of all of the residents. It consists of two houses situated on the outskirts of the local town. One is a six bedroom house with two en suite bedrooms, an additional bathroom, and separate toilet. There is a suitably equipped kitchen /dining room, sitting room, and utility room.

The second house is a two storey detached house with sitting room, kitchen/dining room, utility room and toilet on the ground floor and one bedroom downstairs. Upstairs there are four bedrooms, one en suite and one bedroom/office sleep over room. The main bathroom is upstairs. All bedrooms are spacious and comfortable and contain a lot of resident's personal possessions. The houses are nicely decorated, warm comfortable and very clean.

There were suitably equipped kitchens and domestic style laundry facilities in each house which the residents use. Each centre has an accessible garden. Maintenance is up-to-date and this includes the vehicles used for the residents. There is nothing to differentiate the houses from their neighbours and they are within easy access to the local communities.

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):

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

Findings:

There were four actions required following the previous inspection and these had been resolved. They included the installation of self-closing devices on fire doors, adequate evacuation plans for the residents and the implementation of an infection control policy. There was a satisfactory risk management policy in place and a current signed health and safety statement.

It was necessary to give an immediate action plan to the provider for significant risks identified for which there were no remedial actions prescribed. These were training and

skills for staff to respond to emergencies including incidents of choking and hypoglycaemia. First aid training had been identified as necessary in an audit undertaken in 2014. While the provider responded to the action plan and provided the training in a number of days, due to the level of risk identified this was deemed as a major non compliance.

It was also apparent that staff required support in the development of risk management plans for residents where actions outlined were not pertinent to the specific risks. In an instance of potential self-harm the immediate control measure identified was to access the psychiatric service opposed to remove the item concerned.

A general emergency plan was in place and this included arrangements in the event the centre had to be evacuated. A monthly safety audit of the premises was undertaken.

Actions had been taken to reduce the risk of lone working where this impacted on the behaviour of residents. Additional staff had been deployed at crucial periods to good effect.

Accident and incidents were recorded but the system for reviewing incidents was not sufficiently robust to ensure learning and review on an ongoing basis.

There were fire evacuation notices and fire plans publicly displayed in each house. A review of the records indicated that fire drills which included residents were held frequently. Any issues identified during these drills were rectified. In one instance staff ensured that a magazine was available to help a resident to evacuate quickly.

Staff were able to inform inspectors what they should do in the event of fire. There were documentary monitoring systems on the fire equipment and exits. Fire safety awareness training was included in the induction for new co-workers and an agency staff confirmed this.

Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets and emergency lighting were available and demonstrated that these had been serviced quarterly and annually as required.

There was a missing person profile including a good sized photograph of the resident available should this be required. Policy on the prevention and control of infection was satisfactory with hand sanitizers available and colour coded cleaning systems in operation.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,

understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were three actions required from the previous inspection. Two had been satisfactorily resolved. Senior staff had undergone additional training to ensure they were familiar with the policies and procedures on safeguarding and behaviour support training had been provided for staff.

There were policies and procedures in place for the safeguarding of vulnerable adults. These required amendment to ensure they were in accordance with the revised HSE procedures for the protection of vulnerable adults. Staff had received training in the process for managing and reporting such issues. They were able to articulate the types of behaviours which would cause concern and what they would do in relation to this.

However there were a number of concerns identified. From a review of a recent allegation the inspectors were satisfied that the provider and person in charge had acted in accordance with the policy and the issue was investigated satisfactorily. However, the final outcome was not available for review. Inspectors were informed that it was the social work department who would confirm if the family of the resident was satisfied with the outcome and the process used. This lack of clarity and interdepartmental sharing of information could place residents at risk.

Inspectors were very concerned at records which indicated that vital supports, safeguarding supervision requirements and interventions recommended by a specialist assessment in 2010 were only been considered and sourced at the time of this inspection. There was no reasonable explanation offered for this significant lapse in time. The lack of action in this matter failed to ensure that the assessed needs of residents were met appropriately.

A review of residents financial supports showed that all monies were lodged in the residents' own bank accounts and staff supported them to access this. In some instances two staff were required to access resident's funds. Inspectors found that all expenditures including fee payments and other expenses incurred were detailed and carefully receipted.

However, the provider was acting as guardian /next of kin for a number of residents. This arrangement was historical and informal with no agreed framework or safeguarding systems in place. While inspectors found no evidence of any untoward actions in relation to this, it requires a more robust framework to protect residents financially and personally in terms of decision making.

Improvements were also required in the system for consent for residents who were wards of court. In one instance the contract of care was not signed by the ward committee member.

While there were guidelines for each resident on the provision of intimate care they did not detail significant factors such as the resident's preferences or right to privacy and dignity in the carrying out of such care.

There was a policy on the management of challenging behaviours which was not satisfactory to guide practice and required updating. There were a number of residents who required behaviour support plans and these were detailed. A significant number of additional staff had been made available and there was evidence that this had reduced the number of incidents which had occurred. During the inspection staff were observed to manage behaviours in a calm manner and followed the direction of the behaviour support plans. It was apparent that the number of persons in one house coupled with behaviours were impacting on some residents well-being and resulting in heightened anxieties. This is actioned under Outcome 5: Social Care Needs.

As noted also in Outcome 5 there was a significant deficit in the availability of psychological assessment and guidance for staff in the understanding and management of challenging behaviours. The provider outlined the efforts being made to recruit psychology services and also that a specialist behaviour nurse was being recruited.

There were guidelines available for the use of restrictive practices which were comprehensive and in accordance with national guidelines.

The actions required from the previous inspection in relation to the robust decision making, clinical review and documentation of such practices had not been fully resolved however.

There was a lack of clarity as to what constituted a restrictive practices, how these were decided upon and how they were reviewed. A number of residents were prescribed PRN (as required) medication for the management of behaviour. In some instances this was the first item identified in the behaviour management plan.

While all medications were correctly prescribed and revised the usage was not robustly monitored. In one instance there was contradictory information as to whether the medication had been administered and why. In some instances a physical hold was deemed to be required for a resident to receive medical attention. This was not outlined sufficiently on the residents care plan. The CNM 111 was in the process of reviewing procedures and implementing a restrictive practice committee but this was still in development.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the provider had not entirely complied with the responsibility to forward the required notifications to the Chief Inspector. A number of chemical restraints had not been included in the restraint notifications as required in the quarterly returns.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents' opportunities for new experiences, social participation, training and employment were facilitated and supported with some improvements required to consistently implement this.

All residents attended at either day care or workshops during the week. Activities included access to I pads, massage therapy, art classes, gardening and music. Residents told inspectors that they learned skills including baking, cooking, computers and gardening. They had meaningful and in some instances paid occupation and said they liked to have structured and planned days. One resident had a certificate for best employee of the week and another participated in Special Olympics training regularly.

In a small number of instances there was evidence that the current assessment tool being used was limited in its capacity to support effective planning. The provider was aware of this and outlined plans to introduce a more comprehensive assessment tool. Life skills are supported and all residents participated in some household chores and

responsibilities.

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:

Residents' overall healthcare needs, including nutritional needs, were met and residents had access to appropriate medical and allied healthcare services. Inspectors reviewed a sample of six residents' files and there was evidence of timely and frequent access to their general practitioner (GP).

In line with their needs, inspectors were satisfied that residents had ongoing access to allied healthcare professionals including speech and language therapists, dentists, chiropodists, ophthalmology and dieticians. Records of referrals and reports of these interventions were maintained in residents' files.

There was evidence that where treatment was recommended and agreed by residents this treatment was facilitated.

There was evidence on documentation that residents and their representatives were consulted about and involved in the meeting of their own health and medical needs.

A protocol was in place for the management of epilepsy and emergency medication. While nursing staff are not available fulltime in the centre which was appropriate to the assessed needs of the residents, they were available on a part time basis and also on-call nursing support was available.

Staff and residents confirmed that residents had choices in relation to food and they also helped staff according to their capacity to prepare food. Grocery shopping was done locally and residents took part in this. There was a sufficient and good variety of food available and staff knew the residents' preferences well.

A policy on end of life care had been implemented to guide staff in meeting residents' physical, emotional, social and spiritual needs for end of life care.

Inspectors observed that residents were encouraged and enabled to make healthy living choices in relation to exercise, vaccination and healthy eating habits.

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):

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

Findings:

Medications for residents were supplied by local community pharmacies. Staff confirmed that there was appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland. There was a medicines management policy that detailed the procedures for safe ordering, prescribing, storing administration and disposal of medicines. However, as further outlined in Outcome 18: Records and documentation, the policy was not comprehensive and required reviewed.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in a locked cupboard in each premises and there was a robust key holding procedure. Medications requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Staff confirmed that medicines requiring additional controls were not in use at the time of inspection.

An inspector observed that compliance aids were used by staff to administer medications to residents. Compliance aids were clearly labelled to allow staff to identify individual medicines.

A sample of medication prescription and administration records was reviewed by an inspector. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. However, as further outlined in outcome 18: Records and documentation, documentation was not always complete.

The inspector saw that the practice of transcription was in line with guidance issued by An Bord Altranais agus Cnáimhseachais. The signature of the transcribing nurse and the signature of the second nurse who independently checks the transcribed record were present and the records were co-signed by the prescriber.

A medication related incident was identified by an inspector whereby a resident had not

received insulin as prescribed. The incident had occurred a number of days before the inspection and had not been identified. The incident was brought to the attention of the staff on duty who followed the policy in relation to medication related incidents.

An inspector reviewed a sample of medication related incident forms and saw that incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents.

There was evidence that residents were offered the opportunity to take responsibility for their own medicines. Staff with whom inspectors spoke confirmed that no residents were self-administering medication at the time of inspection.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal.

Training had been provided to staff on medication management and the administration of buccal midazolam.

There was a system in place for reviewing and monitoring safe medicines management practices. Internal and external audits were completed regularly. However, it was not always clear that the review was in line with the Regulations and Standards; this is outlined in Outcome 14: Governance and Management.

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Judgment:

Non Compliant - Major

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 statement of purpose had been forwarded to the Authority as part of the application for registration and an amended version was forwarded at the time of the inspection.

Admissions to the centre and care practices as seen were congruent with the statement of purpose.

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:

Inspectors found that while there were governance structures in place improvements were required to ensure they were effective and to define the roles and responsibilities. The current structures were in transition and improvements had been made to augment the systems available to staff. These included a reduction in the number of centres the person in charge was responsible for and the addition of a CNM 111 to provide support, training and guidance. At this juncture it is not yet evident how these will address deficits identified but inspectors acknowledge the changes made by the provider.

A small number of audits were undertaken on infection control and medication. These were not of sufficient detail to provide effective overview of the quality and safety of care. The data collated on accidents or incidents of behaviour did not demonstrate effective analysis of the information. Data undertaken on medication errors did not adequately address the systems failure which had occurred. Some of the medication audits did not outline the parameters being audited and reviewed.

The provider had undertaken an unannounced visit to the centre and carried out audits under the outcomes identified in the standards. Senior management meetings with the provider nominee, the CNMs and the person in charge were also held regularly. These systems were expected to reduce incidents of non compliance with the regulations.

The annual report had been prepared and the provider nominee agreed to forward this to the Authority once it was completed.

The person in charge of the centre was a qualified general nurse, full time in post and was also responsible for one other designated centre. Staff were very familiar with the

reporting structure. There was a house manager in each house with social care qualifications with responsibility for day-to-day running and rostering of staff.

Regular staff meetings took place with the records demonstrating that residents care and changes to their routines and needs were the primary focus.

A review of the findings of this inspection indicates that improvements are required in the interlinking of the various departments within the organisation to ensure cohesive and accountable systems for risk management, safeguarding, staff training and medication management. The nominee of the provider demonstrated an awareness of the responsibilities of the role and a commitment to improvements.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements made for the absence of the person in charge. The CNM 11 is the nominated person who will take on these responsibilities. All of the required documentation had been forwarded to the Authority.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

Satisfactory resources were available and well utilised the provider had also increased the staffing levels to provide one-to-one care for a number of residents as their care needs increased.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Both actions required from the previous inspection had been satisfactorily addressed. These were the provision of additional staff in one of the houses at crucial times the commencement of FETAC level five training for health care assistant staff, and behaviour management training had also been provided.

In addition, a total of 24 hours nursing support had been made available with 18 hours in one house and six in another house to support the health care needs of the residents. The inspectors were satisfied with the number and skill mix of staff.

A number of agency staff were being used due to the challenging behaviours presented. The person in charge tried to ensure that consistent personnel were used to support continuity of care. The person in charge ensured that all of the required documentation for these agency staff including references and An Garda Síochána vetting were made available to the provider. Inspectors were unable to review samples of the documentation required for the providers own staff as the records are procured and stored centrally. However, the provider gave a written undertaking that all the documents had been sourced and was present.

Training records demonstrated that mandatory training in fire safety, manual handling and the protection of vulnerable adults was up to date. There was a consistent staff supervision /appraisal system in place.

However, the findings indicate that additional training would benefit staff in risk management, medication management, safeguarding, the use of methods of restraint

and care planning.

Staff were observed to be fully engaged with and very supportive of the residents and were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) 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 Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the records required by regulations in relation to residents, including assessment and care plans were not entirely complete. They did not consistently detail the care provided or required by the residents.

The medicines management policy required review and there were gaps in the documentation relating to medicines administration. The policy did not include the administration of non-oral medicines such as inhalers, injections and topical creams which were in use in the centre at the time of the inspection. Some gaps were noted in the medication administration records where the record was left blank with no reason documented. Records of personal belongings were maintained.

A number of policies required amendment. This included the policy on safeguarding vulnerable adults and behaviour that challenges.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current. Reports of other statutory bodies were also available. A visitors log was maintained.

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:

Noelene Dowling
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0005158
Date of Inspection:	02 and 03 December 2015
Date of response:	22 December 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 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:

To ensure that language used in the hospital information booklet promoted the residents privacy and dignity.

1. Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Person in Charge will deliver input to the house manager and staff team re the use of appropriate terminology and language in all documentation relating to residents that promotes their right and dignity.

The terminology in the hospital information booklet has been reviewed and amended.

Proposed Timescale: 15/01/2016

Theme: Individualised Supports and Care

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

A number of residents were not facilitated to vote.

2. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

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

The Person in Charge will support the residents in completing electoral register forms to ensure that they are registered to vote .

Proposed Timescale: 31/01/2016

Theme: Individualised Supports and Care

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

There was no person nominated to ensure that the complaints procedure was correctly implemented.

3. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Person in Charge is the nominated person to ensure that the complaints procedure in the centre is adhered to and the Person in Charge is available to the service users should they wish to make a complaint, this will be completed by the 31.12.2015.

The Nominee Provider has referred the complaints policy to the Quality and Risk Officer for review, to ensure that it meets the regulation as set out in 34 (3).

Proposed Timescale: 31/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract did not adequately outline the actual services to be provided, and the fees for both those services and additional costs which are levied.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Person in Charge has ensured that all contracts of care have been reviewed to ensure that they include an outline of the services being provided and the cost of same. A copy of same has been provided to residents and their families.

Proposed Timescale: 11/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The annual reviews were not multidisciplinary and in some instances no multidisciplinary review had been held for over two years.

5. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

At the time of inspection a full time social work appointment had recently commenced. A full time senior occupational therapist with responsibility to the centre will commence 18/01/2016. Any resident within the centre who has not had an annual multidisciplinary review will have one organised by the Person in Charge and house manager to be completed by the 29/02/2016.

The organisation is continuing with its efforts to recruit psychology personnel.

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

To ensure that the personal plans included assessed care needs such as special dietary requirements, supports for identified medical conditions and falls risks.

6. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The assessed needs as identified in all plans of care will be reviewed by the keyworker and the Clinical Nurse Manager 3 to ensure that the identified needs and requirements of each resident have a plan of care in place to ensure that needs are met.

Where there are specific needs for example special dietary requirements, identified medical conditions and risk of falls, these will also have assessments and plans of care in place. All of these personal plans will have review dates and the keyworker will be responsible to ensure that the review is complete.

Where necessary risk assessment will be carried out to support the relevant plans of care.

Proposed Timescale: 05/02/2016

Theme: Effective Services

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

To ensure that residents were suited to living together in this environment and that all residents needs could be met within this,

7. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

Some residents from the centre have had their accommodation needs reviewed through the service user review group. Where residents require smaller living groups this has been referred by the Nominee Provider to the Assistant Chief Executive Officer where a

business case is being prepared for submission to the HSE, this submission will be completed by the 31/01/2016.

The Nominee Provider and Director of Logistics are reviewing properties for rental to support smaller groups of residents residing together. Staff support for a new centre will be dependent on HSE funding as outlined in the business case.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

To ensure that all relevant and crucial information was available in the event of residents requiring transfer to acute care.

8. Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The Person in Charge and house managers will review the Hospital Passport for all residents to ensure that all crucial information regarding the residents healthcare is included in this document.

Proposed Timescale: 15/01/2016

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:

To ensure that staff had the appropriate training and skills to respond to emergencies including incidents of choking and hypoglycaemia.

9. 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:

Training was delivered to the staff in the centre on the management of emergencies to include choking and hypoglycaemia on the 7th and the 9th of December.

Subsequent to this training the Community First Response Cardiac Unit delivered further training in the management of emergencies situations on the 18th December.

Proposed Timescale: 09/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

To ensure that the availability of psychological assessment for residents and guidance for staff in the understanding and management of challenging behaviours.

10. 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 recruitment process for a clinical nurse specialist is completed but awaiting confirmation of funding from the HSE.

The organisation is continuing its efforts to recruit two psychology posts. The organisation is on its fourth round of advertising for psychologists. In the interim the centre will continue to receive support from the head psychologist from another part of the service.

The Person in Charge will contact a Clinical Nurse Specialist from another part of the organisation to support staff in the centre around the understanding and management of challenging behaviour and the development and implementation of behaviour support plans.

Proposed Timescale: 26/02/2016

Theme: Safe Services

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

The process for decision making, implementing and reviewing restrictive practices was not robust.

11. Action Required:

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

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

The process for decision making implementing and reviewing restrictive practices will be developed further from January 2016 when the centre will have the support from additional multidisciplinary members. The centre's restrictive practices will then be reviewed by a full committee to include the Person in Charge and multidisciplinary team members. Any changes will be documented and review dates will be set.

Focus of the committee review the restrictive practices in the centre will be to ensure that all alternative measures are considered before a restrictive measure is used. Any restrictive measure implemented will be for the shortest duration necessary.

Proposed Timescale: 29/02/2016

Theme: Safe Services

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

To ensure that there are adequate systems in place to protect residents for whom the provider acts a guarding or who are wards of court.

12. Action Required:

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

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

The Nominee Provider has raised the issue of the Nominee Provider acting as guardian with the Assistant Chief Executive Officer who is seeking legal advice on this.

The protocols for all residents in the centre who are Ward of Court will be reviewed and discussed by the Person in Charge with the staff team to ensure that everyone understands the terms of the Ward of Court. This will be completed by the 21/01/2016.

Proposed Timescale: 15/02/2016

Theme: Safe Services

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

To ensure that vital supports, safeguarding supervisory requirements and interventions recommended by a specialist assessment were considered and sourced without a gap of five years in doing so.

13. 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:

Where a referral is made for a resident for any consultation the house manager and keyworker will ensure that this referral is followed up and completed within an appropriate timeframe. Where there is a delay or a difficulty in getting a date for a consultation, the Person in Charge will discuss with the Nominee Provider who will address the matter.

Proposed Timescale: 21/12/2015

Theme: Safe Services

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

To ensure that guidelines for each resident on the provision of intimate care detailed significant factors such as the resident's preferences or right to privacy and dignity in the carrying out of such care.

14. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The intimate care guideline in place for each individual resident will be reviewed by the keyworker to ensure that the residents own preferences and wishes will be included. The resident's right to privacy and dignity will remain the key focus of each intimate care guideline.

All guidelines will have a review date but reviews will occur outside of this date if necessary. The Person in Charge will audit the quality of the intimate care guidelines.

Proposed Timescale: 31/01/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Incidents of chemical restraint were not notified to the Chief Inspector as required.

15. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

All incidents of chemical restraint will be notified to the Chief Inspector as required by the Person In Charge. The Nominee Provider will outline to the Person in Charge their responsibility in the reporting of incidents.

Proposed Timescale: 22/12/2015

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:

An incident had occurred where a resident had not received insulin as prescribed.

16. 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:

An appendix will be developed to the current policy outlining the administration of non oral medicines such as injections. This appendix will be approved by the service drugs and therapeutics committee.

The prescribers guidance around the administration of insulin for the resident will be discussed with staff in the centre that administer the medication by the Clinical Nurse Manager 3 on the 30/12/2015.

Proposed Timescale: 31/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Systems to monitor the service required review to ensure they were effective.

17. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The Quality Improvement Enablement Team from the HSE are delivering training to all Persons in Charge and Clinical Nurse Manager 3 on clinical audit in January and

February 2016. This will include auditing such areas as medication, personal plans, clinical incidents and medication incidents.

The Clinical Nurse Manager 3, the Person in Charge and the Nominee Provider will continue to audit and monitor practices in the centre. From these audits actions will be recommended with named responsible people for completion of these actions. Findings from these audits will be shared at staff meetings for learning and improvement of quality of service to residents.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

Lines of accountability and responsibility required to be clarified to ensure cohesive management an overview of care practices.

18. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Nominee Provider will ensure that all staff are aware of the lines of accountability and authority for the designated centre.

The roles and responsibility of all managers and persons participating in management will be outlined by the Nominee Provider on 22/12/2015 to all Persons in Charge and the Clinical Nurse Manager 3.

The roles and responsibility of all managers and persons participating in management will be outlined by the Nominee Provider on the 13/01/2016 to all persons participating in management.

Proposed Timescale: 13/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff required some additional supports and training to enhance their competencies.

19. 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 Person in Charge will link with the training coordinator to schedule additional training for staff working in the centre to include such areas as risk management, medication management, safeguarding, restraint and care planning.

Training was delivered to the staff in the centre on the management of emergencies to include choking and hypoglycaemia on the 7th and the 9th of December.

Subsequent to this training the Community First Response Cardiac Unit delivered further training in the management of emergencies situations on the 18th December.

Proposed Timescale: 31/03/2016