

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Church View
Centre ID:	OSV-0002477
Centre county:	Westmeath
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Louise Renwick
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 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: 11 January 2017 09:45 To: 11 January 2017 17:45

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 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

The purpose of this inspection was to monitor compliance with the regulations and standards. This centre had two previous inspections when it was part of a larger designated centre made up of numerous houses. This centre became a stand alone designated centre in January 2016 and this was the first inspection of the centre as a single unit.

Description of the service:

The written statement of purpose describes this centre as providing 24 hour residential care for both male and female adults with moderate level of intellectual disabilities, autism, sensory impairment, behaviours of concern and dual diagnosis. The centre can accommodate five adults. It is staffed with both nursing and care staff. The centre is a bungalow situation just outside a town in Westmeath.

How we gathered our evidence:

Over the course of the day the inspector got to meet five residents and four staff members along with the person in charge. Documentation was reviewed such as audits, minutes of staff meetings, personal plans, risk assessments and compliant records. The inspector observed practice, engaged with residents and staff and management.

Overall judgment:

Of the ten outcomes inspected against, the inspector found compliance in nine. Overall, the centre was providing a safe and comfortable home for residents with appropriate health and social care support to meet residents' individual needs. Assessments were in place to ascertain residents' wishes as well as their needs, and plans in place to assist them to achieve them. Residents had daily and weekly plans in line with their interests, age and abilities. Improvements were required in relation to outcome 17 Workforce as the records held were not meeting the requirement of Schedule 2, and some training needs were identified. The full findings of this inspection are in the body of the report, with two actions identified in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were consulted with regarding the day to day running of the centre, and their support needs. For example, weekly meetings were held with residents to inform them of any changes or events, to get their opinion on the menu for the week and the plan for the week ahead. There was a set agenda for this meeting, with photographs used on a tablet device and in paper form to assist residents with communication difficulties. Assessments and knowledge of residents' likes and dislikes were considered here for residents who couldn't clearly indicate their choices. Residents' meetings had been audited by the person in charge to identify any ways to further improve upon them. On the day of the inspection, the inspector heard and observed positive consultation with residents. For example, asking their permission to go into their rooms and change the bedcovers and asking them and offering further choices when they indicated they didn't want something.

The inspector reviewed the systems in place for the handling and management of complaints in the centre. Records were clearly maintained of any issues raised, actions were taken to address them and consultation with the complainant to ensure they were satisfied with the outcome. The inspector determined that the complaint process was utilised to learn about how to continue to improve. For example, to ensure residents could safely continue friendships and relationships with additional supports.

Practices heard and observed indicated that residents were respected, and treated with dignity. Residents' right to privacy was promoted with the safe storage of personal information, residents having their own private bedrooms and ample storage space for personal belongings. The inspector observed staff knocking on bedroom doors before

entering, and staff not wanting to discuss issues in front of residents.

Judgment:

Compliant

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:

The inspector found that residents communication needs were being assessed, and supports put in place to promote positive interactions. Some residents had been assessed by Speech and Language therapist and guidance given to staff on how to promote communication. Residents communication needs were assessed as part of the personal plans and information contained with them along with communication passports.

Tablet devices had been bought and introduced for residents to promote communication. These were used to display photographs or pictures, listen to music or other games. There was a large board on display in the kitchen area showing the day and date, and photographs of the meals for the day. The staff roster was also on display in photographic format so residents could see who was supporting them for the day.

A selection of Lámh signs were on display in the kitchen, to encourage and remind staff to promote the use of signs throughout the day. Residents had photographs and pictures in their rooms to show their timetable and assist in their understanding of the plan for the day.

The centre was equipped with televisions, access to radio and news and local events.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that

reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector determined that there was a system in place for assessing, planning for and supporting residents' health, personal and social care needs.

There was a keyworker system in place for staff to hold responsibility for ensuring residents' yearly reviews took place, and goals were planned for the year to encourage residents to lead lives of their choosing. All residents had a yearly review meeting, and family or representatives were invited to these. All medical, health, social and personal needs were discussed at the review, and agreed supports outlined for the year ahead. Residents were at the stage of planning their reviews for the coming year, and setting up new aspirational goals. Some goals achieved and evidenced on inspection were a trip to Lourdes, visiting the local pub independently, attending a concert of a favourite singer, attending aromatherapy in a holistic centre. Goals were reviewed on a three month basis.

As well as setting aspirational goals for the year, residents had daily and weekly plans in place filled with activities that they enjoyed. These plans were drawn up based on residents' wishes, indicators of enjoyment from sampling new things, from knowledge gained from family members and from information gathered through assessments and reviews. Residents could clearly demonstrate choice and control beyond this which was respected. For example, choosing not to engage in a pre-planned activity, or not attend an outing. The inspector found that there was a balance between activities happening in the centre, and availing of activities in the community. This was evidenced as being in line with residents' wishes. For example, there was live music every Friday evening in the centre and an art class during the week. Some residents enjoyed gardening at home during the warmer seasons. Residents also attended community based activities such as swimming, massage therapy in a holistic centre, accessing coffee shops and restaurants and using local amenities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working

order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found the design, layout and location of the centre was suitable to the individual and collective needs of residents.

The designated centre was a bungalow located just outside a town in Westmeath. The building was bright and airy with plenty of natural light and nice views of the countryside beyond the back garden. The centre was clean and well presented internally on the day of inspection.

Residents all had their own private bedrooms large enough for additional furniture if required. For example, an armchair or additional dresser. The bedrooms had large wardrobes providing ample storage space for personal belongings, and each resident had their own wall mounted safe.

There was adequate communal space in the designated centre, with two living rooms for residents to use. There was a large kitchen cum dining room, with enough kitchen furniture for residents and staff to sit at meal times. Additional tables and chairs were available in other areas for residents who liked to dine alone.

Corridors and hallways were wide and allowed for ease of access for residents using mobility aids.

There was an accessible patio area off the kitchen and sitting room, with a gazebo and garden furniture. The inspector was told that residents enjoyed this space in the summer months. Steps and a ramp lead down to a grassy area with a raised flower bed for gardening, which one resident enjoyed.

The inspector noted the outside of the building was in need of some attention. Most notably the paintwork on the garden walls and exterior of the house itself. Residents paid rent to a housing association and were tenants of this centre. As such the general upkeep of the grounds was in need of address by their landlord. The inspector was satisfied that this was in discussion and action had already been taken by the provider to address this issue.

The requirements of Schedule 6 were found to be met. For example, adequate heating and lighting.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, staff and visitors was protected and promoted in the designated centre.

Policies, procedures and process were in place regarding the assessment and management of risk, health and safety, infection control and fire safety. There was a health and safety statement in place which included details on how the provider was managing environmental risks and policies in place to guide staff on the control of infection. Any individual risks for residents had been identified, assessed and control measures put in place to reduce them. For example, the risk of choking, or the risk of access to water for a resident with polydipsia.

Any accident, incident or other adverse event was recorded and reviewed by the person in charge or clinical nurse manager. Each month all adverse events were reviewed by the local management team to ascertain any trends or patterns, and to ensure any learning from them had been implemented in practice. For example, any new control measures to reduce a risk had been put in place.

The inspector found evidence that there were adequate precautions in place against the risk of fire in the centre. There was a fire detection and alarm system in place and an emergency lighting system. These were routinely checked and serviced by a relevant fire professional and records maintained. Fire fighting and containment equipment was in place around the centre, such as fire extinguishers, fire blankets, fire doors. These were again checked by a relevant professional and records maintained. Staff carried out daily and weekly checks to ensure the alarm panel wasn't identifying any faults, and that fire exits were unobstructed. The inspector found that the three fire exits all had twist locks in place or a push bar to allow for easy access in the event of a fire, and were unobstructed on the day of inspection. Staff had all received training in fire safety and regular drills were carried out at random times of the day and night with different staff. Drill records indicated who was present and how long the evacuation took to complete. There was very clear information on the support needs of residents in the event of an evacuation across all documentation reviewed. For example, colour coded signs on doors, information of the fire evacuation plan and outlined in residents' personal plans.

Overall the inspector determined that policies, systems and practices in place were promoting residents' safety.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector determined that there were measures in place to protect residents from abuse or harm.

Policies and procedures were in place in respect of the prevention, detection and response to abuse. Staff had all received training and were aware of the process to follow in the event of a concern, suspicion or allegation. Staff indicated to the inspector that they could easily raise any issues or concerns with the person in charge.

Previously there had been a number of unexplained bruises or marks that had been reported in line with national policy and submitted to HIQA. In the past number of months the person in charge and clinical nurse manager had extensively reviewed this, and brought about changes in the reporting of incidents, mobility issues or behaviours of concern. This had resulted in a reduction of bruises and marks being deemed as unexplained, with clear documentation to verify these at the time of their discovery. This was a positive finding. There were no open investigations or safeguarding concerns at the time of the inspection.

The inspector reviewed the safeguards in place to protect residents from financial abuse and determined that there was safe practice in relation to this. There was a ledger system in place to record any incoming or outgoing expenses, and all monies were balanced checked by two staff twice a day. There was a system of cross referencing residents' cash on site against bank and financial statements to ensure all withdrawals were accounted for.

The centre catered for residents with dual diagnosis, autism, sensory impairment and behaviours of concern. The inspector found that residents had appropriate access to member of the multidisciplinary team (MDT) such as psychology, psychiatry and behaviour support to support them with these needs. Residents who were displaying

behaviours of concern had incidents recorded and then reviewed by the MDT members. Some residents had behaviour support plans in place, other residents had proactive and reactive strategies in place while a full behaviour support plan was being devised. The inspector found that there was knowledge of, or on going investigation into the underlying causes of target behaviours. Staff could speak of residents' triggers and the best approaches to take to support residents at times of escalation.

The inspector found that there was low incident of restraint use in the designated centre and the person in charge was promoting a restraint free environment as far as possible. Any restraint that was used was carefully monitored and recorded, with input from psychology, behaviour support, physiotherapy or occupational therapy if required. The use of mechanical restraint was risk assessed to warrant their use, and alternatives tried prior to their implementation. For example, the use of a vest to support a resident to travel safely in the car. This was risk assessed, reviewed by members of the MDT and records maintained of when and how often it was used.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector determined that residents' health care needs were met in the designated centre.

Residents had their own General Practitioner (GP) and access to other allied health care professionals as they required them. For example, dentists, occupational therapist, dietitians, speech and language therapists, psychologists and psychiatrists.

Residents had yearly assessments and their routine health needs were planned for through care planning and the provision of supports. For example, asthma attack care plan. When other health risks or health issues arose, there was evidence that residents received appropriate care. For example, timely access to the GP and appropriate intervention for a chest infection. New care plans were drawn up, or existing ones reviewed following any emerging health issue. Any appointment, referral or review was recorded and advice implemented into the care plan.

There was daily monitoring in place for any health issue that required this. For example,

monitoring sleep patterns which could be showed to the psychiatrist at medication review.

The inspector found that residents were offered a meal during the inspection as planned and shown on the photographic menu. Residents' food was modified to a consistency as prescribed by the Speech and Language therapist to support residents who were at risk of choking or aspirating. Residents' meals looked appealing and were presented nicely. Staff knew the preferences of residents with regards to meal times, and respected this. For example, one resident liked to dine alone when it was quiet after the others had eaten. There were protected mealtimes in place and signage to encourage and remind staff and visitors that mealtimes were to be quiet and uninterrupted.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medicine management in the designated centre. There were written policies in place for the cycle of medicine management and information available on best practice.

The inspector reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Medicine was stored securely in a person centred manner, and was administered by nursing staff. A medicine fridge was available if required which was secure and temperatures recorded. Medicine was administered from a package system and there was uniform documentation in place for the prescription and administration records.

The inspector found evidence that care assistant staff had received training in the administration of emergency medicine for the epilepsy as some residents were prescribed this.

There was on going audit and review of medicine management practices in the centre and medicine was reviewed by the pharmacist routinely. External audits had been conducted in early 2016 and followed up with the person in charge's own audit later in the year to ensure all areas had been addressed. There was low incidents of medication errors in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there was a management structure in place that was clearly showing the lines of accountability and responsibility. Staff reported to the clinical nurse manager and the person in charge. The person in charge reported to the assistant director of nursing, the director of nursing, the disability manager and the provider nominee. Staff were clear on the structure and the lines of reporting and accountability and felt that the management were approachable. There was evidence of clear allocation of duties, and staff knew their role for the shift.

The inspector found that there were management systems in place to effectively monitor the quality and safety of care and support of residents. The provider had ensured two unannounced visits of the centre had taken place and reports drawn up on how to address any actions identified. There had been an annual review of the centre and the service it offered which took into consideration the views of families and residents. The person in charge and clinical nurse manager were responsible for the oversight, monitoring and review of the centre on a daily basis. Review of incidents, accidents, complaints, medicine errors for example were conducted on a monthly basis. The purpose of this was to identify trends or patterns and to ensure positive action was taken if required to improve the care and support given. As mentioned previously, improvements had come about following the review of unexplained bruises and marks. There was a schedule of audits in place in the designated centre, along with review of residents' personal goals and plans on a yearly basis.

Staff meetings were held monthly and discussed ways to improve upon the care and support of residents as well as the daily operations of the centre. Staff were supervised appropriate to their role, with formal supervision recorded by the person in charge. These meetings considered staff's performance and areas of training need or further information. Staff were supported to attend further education relevant to their role. For

example, accredited training in the provision of care.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspector found that the number and skill mix of staff in the centre was adequate in ensuring residents' care and support needs were met. The centre was staffed with nurses and health care assistants.

There was stability evident in the staff team, with a high number of permanent staff who had worked for the provider for a number of years. Where there were staffing gaps due to sick leave or annual leave, the person in charge had ensured familiar agency staff were appointed. There was an induction programme in place to support unfamiliar staff, and the inspector saw evidence of new staff having the opportunity to work alongside the usual staffing team for a period of time to get to know residents. The planned and actual rosters displayed the same information, give or take occasion differences. The inspector was satisfied that the centre was staffed appropriately and was allowing residents daily plans and goals to be realised.

The person in charge had oversight of the training needs of staff and kept records of training completed in the designated centre. In general, the inspector found that mandatory training was provided to staff and refreshed as necessary. For example, training in the protection of vulnerable adults, fire safety and manual handling. Some gaps were evident however and in need of address. For example, there was no evidence that three staff had completed training in the management of behaviours that challenge or intervention techniques. Five of the fourteen staff had not completed training in CPR. (Cardiopulmonary resuscitation.)

The inspector reviewed a sample of staff files and found that records were not maintained in line with the regulations. For example, not all files had proof of identity, employment histories, correspondence or contained information on the date they started in their role. The inspector discussed this with the director of nursing. The inspector was

informed that the main human resources file of employee's are held in a central office location, and separate personnel files for the purpose of inspection are held in the centres. However, files reviewed did not have complete information and this was in need of address.

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:

Louise Renwick
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 Health Service Executive
Centre ID:	OSV-0002477
Date of Inspection:	11 January 2017
Date of response:	31 January 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff files did not contain the required information.

1. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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 staff files inclusive of documentation required under Schedule 2 will be maintained in the Designated Centre. A full review has taken place of the staff files and all outstanding information and documents will be sourced and placed on file.

Proposed Timescale: 28/02/2017

Theme: Responsive Workforce

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

Three staff had not completed training in supporting behaviours that challenge and intervention techniques.

Five staff had not completed CPR.

2. 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:

Two staff are scheduled to attend training in Supporting Behaviours that Challenge and Intervention Techniques on 01.02.17 and the third staff member is scheduled to attend training on 15.03.17.

CPR training has been scheduled for the five staff that had not completed CPR training on the day of inspection on the 14th February 2017 and 30th March 2017.

Proposed Timescale: 31/03/2017