

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Centre address:	Heatherfield Nursing Home T/A J & N Sheridan Ltd, Bush Lane, Raynestown, Dunshaughlin, Meath.
Telephone number:	01 825 9354
Email address:	heatherfieldnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	J & N Sheridan Limited
Provider Nominee:	Noreen Sheridan
Lead inspector:	Una Fitzgerald
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 September 2017 09:30	26 September 2017 18:30
27 September 2017 09:30	27 September 2017 15:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an inspection carried out to monitor ongoing regulatory compliance.

During the course of the two day inspection, the inspector met with residents and staff, the person in charge and the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

The inspector found that direct care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The provider nominee and person in charge were well known to all residents and family members spoken too. The culture within the centre was open and transparent. The management team responsible for the governance, operational management and administration of services and resources demonstrated good knowledge and an ability to meet regulatory requirements.

The management and staff of the centre were striving to continuously improve residents' outcomes. A person-centered approach to care was observed. Residents appeared well cared for and expressed satisfaction with the care they received.

The inspector followed up and confirmed that the one action plan from the last inspection in January 2017 had been completed. This monitoring inspection looked at seven outcomes. Moderate non compliance was found under Outcome 9 Medication management, Outcome 16 Residents' rights, dignity and consultation and Outcome 18 Suitable Staffing. The inspector was not satisfied that the layout and design of three multi occupancy bedrooms met the resident's needs. The available space within the bedrooms was not sufficient to ensure that all of the resident's privacy and dignity could be respected at all times.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. The provider nominee and the person in charge work in partnership to ensure that the quality of the care delivered is monitored and that the centre promotes a culture of engagement with all stakeholders.

The statement of purpose consists of a statement of the aims, objectives and ethos of the designated centre. The centre has an accessible and effective complaints procedure which includes an appeals procedure.

An auditing and review system was in place to capture statistical information in relation to resident quality outcomes, operational matters and staffing arrangements. Clinical audits were carried out that analysed medicine management, falls management, skin integrity, care plans, the use of restraint, risk management and infection control. This information was available for inspection. Overall, policies and procedures in place guide practice and service provision. The centre has engaged with external providers to ensure that all policies required as per Schedule 5 of the regulations are in place.

The management team have a strong presence within the centre and known to all residents, relatives and staff. The minutes of the last Governance Meeting dated August 2017 were available for review. An annual review of the quality and safety of care delivered to residents for 2016 was completed that informed the service plan being implemented in 2017.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector observed a culture of promoting a restraint free environment. There is no restraint used within this centre. The restraint policy was dated 26th September and implemented on the day of inspection.

The inspector saw positive and respectful interactions between staff and residents and that residents were comfortable in asserting themselves and bringing any issues of concern to staff. Residents spoken to articulated clearly that they had confidence in the staff and expressed their satisfaction in the care being provided. The centre does not act as a pension agent for any resident.

The inspector was satisfied that there were policies and procedures in place for the protection of residents from abuse. The policy on Safeguarding and Safety had last been reviewed on 24th June 2017 to reflect best practice guidelines. The person in charge and the registered provider were actively engaged in the operation of the centre. Staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. In conversations with residents, the inspector was informed by all residents spoken too that they felt safe and secure in the centre. The inspector reviewed the training records and found that there are nine staff members due an update in their training. This is actioned under outcome 18 Suitable Staffing.

The centre has a policy dated August 2017 on procedures in place to support staff with working with residents who have responsive behaviours (how people with dementia and other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff spoken with adopted a positive, person centred approach towards the management of responsive behaviours. The person in charge informed the inspector that among the current residents only one resident had a history of responsive behavioral issues. Appropriate referrals and follow up was evident within the residents file and the resident was now settled. The inspector reviewed the care plan in place. Staff were familiar with the de-escalation techniques best adopted to manage any potential incidents.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The centre had policies and procedures relating to health and safety within the centre. The Health and Safety Statement dated September 2017 was made available. The centre has a risk management policy that includes items set out in Regulation 26(1). The centre had a current risk register that is kept under constant review by the management team. The register identified areas of risk within the centre and the control measures in place to minimise any negative impact on residents.

Arrangements, consistent with the national guidelines and standards for the prevention and control of healthcare associated infections, were in place. Staff had access to personal protective equipment such as aprons and gloves, hand washing facilities and hand sanitisers on corridors. Staff were seen using these facilities between resident contact. Signs were on display to encourage visitors to use the hand sanitisers. Household staff spoken to were knowledgeable on the system in place to ensure that the cleaning regime minimises the risk of cross infection. The cleaning schedule included the routine daily chores but also contained detail of a deep cleaning schedule. However, the documentation reviewed by the inspector had no evidence that any deep cleaning occurs. This was discussed with the management team during the inspection who agreed that further review of the detail of the records was required. The standard of cleanliness throughout the building was of a good standard. Residents spoken too confirmed that their rooms were cleaned on a daily basis.

Suitable arrangements were in place in relation to promoting fire safety. Fire safety and response equipment was provided. The fire safety equipment was serviced on an annual basis and the fire alarm system serviced on a quarterly basis. Fire exits were identifiable by signage and exits were unobstructed to enable means of escape. Fire evacuation procedures were displayed throughout the building. All staff had received annual fire training. In addition staff spoken to were knowledgeable about fire safety and evacuation procedures. A fire drill was carried out on 26th September 2017. The documentation captured the detail of the fire drill simulated. Daily fire safety checks were carried out and evidenced. However, the fire alarm was not activated on a weekly basis.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There were written policies dated March 2017 relating to the ordering, prescribing, storing and administration of medicines to residents. There were appropriate procedures for the delivery and collection by the pharmacy, and checking, return and disposal of medicines by nurses. The processes in place for the handling and checking of medicines received including controlled drugs were examined. Practices found and procedures described were in accordance with current professional guidelines and legislation.

A system was in place for a regular prescription review by the resident's general practitioner (GP) and pharmacist every three months. The storage and administration of nutritional supplements required review. During the inspection the inspector was informed that the catering staff dispense the prescribed nutritional supplement drinks as per the communication board located in the main kitchen. The inspector cross referenced with the prescription sheets. All nutritional supplementary drinks are prescribed by the GP. This was discussed with the person in charge. The inspector was reassured that this practice will discontinue with immediate effect and all supplementary drinks will be administered and signed for by the registered nurse. An alternative storage will be found for the supplement drinks outside of the kitchen.

An audit of medicine management practices dated May 2017 was carried out by the person in charge in partnership with an external provider. The audit findings were available for the inspector to review. There was evidence that findings were acted upon which informed improvements to protect residents.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Residents' health care needs were met through timely access to medical services and appropriate treatment and therapies. Access to a general practitioner and allied healthcare professionals including psychiatry of older life, physiotherapy, dietetic, speech and language therapy, dental, ophthalmology and specialist palliative care were made available when required.

Pre-admission arrangements were in place to support communications between the resident and family, and or the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

Assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. The assessment process used validated tools to assess each resident's dependency level, risk of malnutrition, falls risk and their skin integrity. Clinical observations such as blood pressure, pulse and weight were assessed on admission, monthly and as required thereafter. Each resident had a care plan developed with 48 hours of admission. The care plans were person centered and the detail contained within the care plans evidenced that the staff were knowledgeable on the specific care needs of residents under their care. There was evidence that care plan reviews occur at intervals not exceeding four months or more frequently in consultation with either the resident or their representative. Residents confirmed to the inspector that they are consulted with about their plan of care.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was evidence of consultation with residents and their representatives on a daily basis and a formal residents' meeting is held every 3-4 months. There was a high (21 plus) resident attendance at the meetings. The inspector spoke with residents who had attended the meetings. Residents voiced that they found the meetings beneficial. The minutes for the past four resident meetings were reviewed by the inspector. Further development is required as the minutes only captured who attended the meetings and if any complaints were made. The minutes did not capture any of the detail of the agenda discussions and so the inspector was unable to ascertain if follow up from the issues raised by residents are addressed.

Residents have access to an independent advocacy service. There are currently no residents availing of this external service. The centre strives to be part of the local community and residents have access to radio, television and newspapers. There was evidence of local musicians and bands coming into the centre and providing entertainment. Residents are facilitated to exercise their civil, political and religious rights and weekly Mass is held in the centre. There were also suitable arrangements in place for clergy to minister to residents of other religious persuasions.

The activity programme within the centre had been reviewed and further developed by the activities team. The programme on display offered a variety of options for all residents. There was evidence within each residents file that residents have the opportunity to participate in activities that are meaningful and purposeful that suits their individual needs and interests. The inspector was informed that no group outings have occurred. The inspector was informed that the option of visiting local areas of interest has been offered but no residents expressed any interest. There was good evidence of individual residents going out on activities either with family members or with staff members.

The inspector found that there were adequate facilities for occupation and recreation for all group activities. However, the inspector was not assured that residents in multi occupancy rooms can undertake personal activities in private. The design and layout of the rooms did not meet the needs of the residents and ensure they receive care in a dignified way that respects their privacy at all times. The residents occupying the room had their commode chairs stored at their bedsides throughout the two day inspection. In addition the following specific issues were raised:

Room 1 - a three bedded room. There was no space for one resident to store any personal items such as photographs. There was no space for an armchair to be placed at the bedside without this compromising the personal space of the sharing resident. The residents who occupied this room had no access to a locked press to secure personal items.

Room 2 - a double room. The design and layout of the room does not facilitate for one of the residents to sit at the bedside. A chair cannot be placed on one side as it will be occupying the personal space of the other resident. The other side of the bed is adjacent to a fire exit door and so placing a chair in this space would cause an obstruction.

Room 5 - The bed space at the large window in this room was inadequate to accommodate a chair for a resident to sit. There was no place for a resident to place

any personal belongings such as photographs, a book or radio.

The inspector discussed the concerns at length with the provider nominee and the person in charge. The inspector had concerns that residents occupying the rooms could not undertake personal activities in private. In addition, the inspector held the view that any resident who did exercise choice in their bedrooms could not do so without impacting on the rights of others. The management team agreed to review the layout and design of the bedrooms and will address the issues within the action plan response.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

Staffing levels and skill mix on the days of inspection were sufficient to meet the social and healthcare needs of the residents. The inspector reviewed the actual and planned roster for staff and found that management, nursing, care and support staff during the day were adequate.

Staff confirmed that they had sufficient time to carry out their duties and responsibilities, and the management team explained the systems in place to supervise and appraise staff. Staff were seen to be supportive of residents and responsive to their needs. Requests and residents' alarm bells were promptly responded to by staff during the inspection. Residents chose the time that they wished to get up, eat and seek assistance with personal care and dressing, and this was facilitated by the staff team. In discussions with the inspector, residents confirmed that staff were supportive and helpful.

A mandatory and relevant staff training programme was in place and a record of training for all staff was available. Mandatory training such as moving and handling, fire training and the prevention, detection and management of abuse had been provided. Additional training on CPR is provided to all care staff. The centre also provides training on areas of prevention of falls, infection control and dementia care. Manual handling practices

observed were safe and appropriate, with assistive equipment available for use.

Of the current staff, training records identified that nine staff are overdue to have their detection and management of abuse training updated.

Recruitment procedures were in place, and samples of staff files were reviewed against the requirements of schedule 2 records as per the regulations. All five files reviewed had Garda vetting disclosures in place. The provider nominee confirmed that all staff have Garda vetting on their files. Evidence of professional registration for all registered nurses was made available and all nursing staff have evidence of current registration.

The provider nominee confirmed there are no volunteers working within the centre.

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:

Una Fitzgerald
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:	Heatherfield Nursing Home
Centre ID:	OSV-0000140
Date of inspection:	26/09/2017
Date of response:	25/10/2017

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 Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

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

The cleaning schedule included the routine daily chores but also contained detail of a deep cleaning schedule. However, the documentation reviewed by the inspector had no evidence that any deep cleaning occurs.

1. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the

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

standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Deep Cleaning is an important part of the cleaning schedule. It is now documented every day that deep cleaning occurs.

Proposed Timescale: 01/10/2017

Theme:

Safe care and support

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

The fire alarm was not activated on a weekly basis.

2. Action Required:

Under Regulation 28(1)(c)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The fire alarm is now activated on a weekly basis.

Proposed Timescale: 01/10/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

All nutritional supplementary drinks are prescribed by the GP. But catering staff dispense the prescribed nutritional supplement drinks which should be administered and signed for by the registered nurse

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Nutritional drinks are now administered by a registered nurse.

Proposed Timescale: 01/10/2017

Theme:

Safe care and support

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

Storage of supplement drinks was inappropriate.

4. Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Supplemental drinks are now stored in a secure area.

Proposed Timescale: 01/10/2017

Outcome 16: Residents' Rights, Dignity and Consultation**Theme:**

Person-centred care and support

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

The design and layout of three multi-occupancy rooms did not meet the needs of the residents so that they receive care in a dignified way that respects their privacy at all times. Commodes were parked beside the beds during the day.

In addition the following specific issues were raised:

Room 1 - a three bedded room. There was no space for one resident to store any personal items such as photographs. There was no room for an armchair to be placed at the bedside without this compromising the personal space of the sharing resident. The residents occupying this room had no access to a locked press to secure personal items.

Room 2 - a double room. The design and layout of the room does not facilitate for one of the residents to sit at the bedside. A chair cannot be placed on one side as it will be occupying the personal space of the other resident. The other side of the bed is a fire exit door and so placing a chair in this space would cause an obstruction.

Room 5 - The bed at the large window in this room had no space to place a chair for a resident to sit. There was no place for a resident to place any personal belongings such as photographs, a book or radio.

The inspector had concerns that residents occupying the rooms could not undertake personal activities in private. In addition, the inspector felt that any resident who did exercise choice in their bedrooms could not do so without impacting on the rights of others.

5. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Room1 – New wardrobes and personal lockers will be installed in the room for each resident which will increase living space in the room and also personal privacy.

Alternative seating will also be provided.

Room 2 – The curtains will be extended to ensure increased privacy. The furniture will be rearranged to accommodate increased sitting space.

Room 5 – Increased shelving will be provided to allow residents increased storage. The furniture in the room will be rearranged to accommodate increased sitting space and personal privacy.

Proposed Timescale: 30/11/2017

Theme:

Person-centred care and support

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

The minutes of residents' meetings lacked sufficient detail to enable the inspector to ascertain if follow up from the issues raised by residents are addressed.

6. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

The details regarding the minutes of residents meetings will be documented with increased detail.

Proposed Timescale: 10/11/2017

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Current staff, training records identified that nine staff are overdue to have their detection and management of abuse training updated.

7. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Updated training will be arranged for any member of staff who requires it.

Proposed Timescale: 30/11/2017