<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Harbour Lights Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000345</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Townasligo, Bruckless, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 973 2020</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:harbourlights22@gmail.com">harbourlights22@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Caring Hands Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jack O’Neill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 11 April 2017 09:30  
To: 11 April 2017 18:30  
12 April 2017 08:30  
12 April 2017 13:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This was an announced inspection undertaken to monitor compliance with the regulations and standards that govern the operation of designated centres and was part of the assessment for registration renewal. The inspector observed the delivery of care and reviewed documentation that included care plans, medical records, accident/incident reports, policies and procedures and the arrangements for social
care. The inspector talked to residents about their experience of living in the centre and talked to staff about their roles, responsibilities and residents’ care needs.

The centre can accommodate 53 residents. There were 49 residents accommodated and almost half had problems related to dementia. The inspector noted that there was good access to local medical services including specialist mental health services. Residents had timely support from a range of allied health professionals from the Health Service Executive and from staff engaged by the provider.

Care, nursing and ancillary staff described their roles and how workloads were organised. They conveyed positive attitudes towards the care of vulnerable people and displayed a good understanding of individual residents' needs, their preferred routines and they were knowledgeable about how dementia impacted on daily life. They described how they supported residents who had high level care needs and ensured that they reduced the impact of disorientation and confusion by being available to residents and talking to them. The inspector observed that staff could support residents in a competent manner and could engage meaningfully with them.

Harbour Lights is a bungalow style building set in spacious grounds in a residential area a short drive from the town of Killybegs. The building is organised over one floor. The building was appropriately decorated and had several home like comfortable features. It was visibly clean and there was an ongoing programme of maintenance. Work to improve the fire safety arrangements was underway. Several doors had been made wider to improve capacity to exit in an emergency and additional exit routes had been created. There are seven multiple occupancy rooms in the centre that accommodate four residents. The provider has plans to reduce the number of these rooms and to improve the personal space allocation for residents. This work is scheduled for completion in 2021 and there is a condition attached to their current registration that reflects this proposed change.

The last inspection of the centre was an unannounced monitoring inspection that was conducted on 22 February 2016. There were improvements required to the daily records, care plans and the records of fire drills. Actions to remedy these non compliances were completed. Daily records now outlined social care interventions and fire drills gave a good account of how the exercise was completed.

The inspector found a high standard of compliance across the 18 outcomes examined. The non compliances identified related to fire safety training as the actions to take if clothing caught fire had not been included, there was no annual review or report of the quality and safety of care and the nutrition policy required review to effectively guide staff. The consultation with residents that included residents meetings needed further development to ensure that more residents could participate in a meaningful way and express their views on the service. The Action Plan at the end of this report describes the improvements required to achieve full compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009(as amended).
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 01: Statement of Purpose**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There is a written statement of purpose in place which accurately describes the service and facilities that are provided in the centre. The inspector observed that the operation of the service reflected the information outlined including the staff allocation and the way complaints were managed. The statement of purpose required amendment to include all the conditions that apply to the registration of the centre. A condition related to the premises had not been included in the information outlined.

**Judgment:**
Substantially Compliant

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The registered provider and person in charge has an established structure for the management of the centre and this was evident in day to day work activity. The lines of accountability were evident and staff were aware of how to report to their line manager and to senior managers. There was an established communication system between the provider, the person in charge and the nurse who had responsibility in the absence of the provider or person in charge. The inspector observed that communication opportunities were available daily through staff handovers and also through staff meetings.

There were systems in place to ensure that the service provided met residents’ needs, was safe, effectively managed and regularly monitored. The health and safety arrangements were found to be satisfactory with good standards of cleanliness and hygiene in place, fire safety measures were found to be of a good standard and staff were observed to work safely and adhere to safe practice when undertaking moving and handling manoeuvres and procedures that required attention to infection control protocols.

There were adequate resources available to meet the needs of residents in relation to staff, staff training, equipment and ancillary services to ensure appropriate care was delivered to residents. The person in charge is supported by a senior nurse and other staff who had responsibility for administration, maintenance and the purchase of supplies.

There were reviews of varied aspects of the quality and safety of care delivered to residents, and there was evidence that these reviews had been completed in consultation with residents as required by regulation 23-. Areas that had been audited included restraint use, medication and the environment. The service was also reviewed at the regular meetings of the Quality of Life and Quality of Care group. However an annual report as required by regulation 23(d)-Governance and Management had not been compiled. This had been identified for attention during previous inspections. Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out and this review must be carried out in consultation with residents and their families to ensure that the service is provided in accordance with relevant standards set by HIQA under Section 8 of the Health Act. A copy of this review is required to be made available to residents.

Judgment:
Non Compliant - Moderate

**Outcome 03: Information for residents**
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that this outcome was compliant. A review of a sample of residents’ contracts of care found that there was an agreed written contract in place that included details of the services to be provided, the fee to be paid by residents and the services that incurred additional charges.

Contracts were signed by residents or their representatives and any increase in fees or additional charges was communicated when this applied. There is an extra charge for activity/social care and services such as physiotherapy, chiropody and hairdressing.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge has worked in the centre since 2007. She holds a full-time post and she is supported in her role by a senior nurse who takes charge in her absence. The provider also works full time in the centre and provides support to the team. The person in charge is a registered general nurse and is scheduled to commence the Masters of Science in Gerontology in September 2017.

She was assessed as appropriately qualified and experienced to be the person in charge at the time of her appointment and has continued to display competence in her role. She has developed her professional portfolio by attending training courses and conferences on topics that included dementia care, palliative care, medication, nutrition and wound care. Her knowledge on adult protection, safe moving and handling and fire safety and her professional registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were all up to date.

During interview the person in charge described the arrangements in place for the supervision of staff, admission of residents and dealing with her required legislative responsibilities. She said that where possible prospective residents and their families were encouraged to visit the centre prior to admission to ensure that it was suitable for
their needs. Information was provided to staff or residents had an assessment prior to admission to ensure that the centre could provide appropriate care and had any specialist equipment required in place. The person in charge had an extensive knowledge of residents' care needs and said that both she and the staff team had formed good relationships with family members and consulted them about care plans and informed them about their relatives health at regular intervals.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The administration systems of the centre were well organised and the required records were maintained and available for inspection. The inspector found that the majority of records were maintained in a manner that ensured completeness, accuracy and ease of retrieval.

The inspector reviewed a range of records that included the directory of residents, a sample of staff personnel records, nursing care documents, incident reports, medication records and the record of complaints.

The inspector examined the documents related to staff employed and found that the documents required by current legislation were in place. The person in charge and provider confirmed that vetting disclosures were in place for all staff.

An action plan in the last report required that the daily records of residents’ health and condition that is required to be maintained daily by nurses in accordance with Regulation 21-Records (schedule 3) were improved to reflect social care interventions. This had been addressed. The inspector found that staff now recorded social aspects of life, emotional health and attendance at activities. Care records are maintained on a computer programme and there were a range of care plans for all residents that described their health situation and social care provision. There were periodic
evaluations of each care plan and there was a record of the interventions undertaken by care staff daily that included personal care delivered and other aspects of care such as continence management.

All of the written operational policies as required by Schedule 5 of the Regulations were available and provided guidance to staff on how to manage a range of situations in accordance with good practice.

The directory of residents was reviewed. This contained all the required information however all the details were handwritten and the inspector judged that a pre-printed format would be more suitable and reduce the possibility of information not being recorded or omitted.

**Judgment:**
Compliant

### Outcome 06: Absence of the Person in charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge where this is proposed to be for a continuous period of 28 days.

There was an experienced nurse available to take charge when the person in charge was away from the centre. She has worked here since 2015 and previously worked in elderly care before taking up this position. She was familiar with the regulatory system and was aware of the records and notifications that applied to designated centres. Training on topics that included hand hygiene, infection control, the management of sepsis, advocacy and resuscitation had been completed during 2016.

**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:
There were measures in place to protect residents from harm and from abuse. The inspector found that all staff had been provided with training and information on the prevention and detection of abuse. Staff the inspector talked to were confident in their knowledge and said they felt they would recognise an abuse situation or if they had concerns would discuss with a colleague or senior staff. They were clear about the procedures in the centre and their role and responsibility to report any incident or suspected incident of abuse.

The person in charge and provider were familiar with the role of the Health Service Executive (HSE) policies on adult protection and the role of the case worker for adult protection. The inspector viewed training records and these confirmed there was an ongoing programme of refresher training in protection and abuse. All staff had attended training on varied dates during 2015, 2016 or 2017.

The inspector was told that there were no care practice issues in relation to responsive behaviours. Staff said that this was only an occasional problem and was usually related to fluctuating mental health conditions or dementia. Nurses said they had support from the team for old age psychiatry when they needed additional expertise in relation to assessment and care interventions. During conversations, residents told the inspector that they were happy and content in the centre. They said that staff cared for them well and were a reassuring presence. Staff were described as “available and helpful”. Three residents told the inspector that staff made “their lives comfortable and stress free” and provided help when they needed it.

There was emphasis on promoting a restraint free environment and the person in charge said that there is a gradual and sustained reduction in the use of bedrails over the past few years. The use of alternative safety measures such as sensor alarms and low level beds had contributed to this change. Bed rails which were usually used to prevent falls or when residents requested additional security to prevent falls. Some bedrails were used by residents as enablers to help them move around in bed. The person in charge said that all bedrail use is reviewed regularly to ensure that their use is necessary and appropriate. These reviews and the need for the continued use of bedrails was documented. All restraint measures were notified in the quarterly notifications to HIQA as required.

There were procedures in place to ensure residents’ property and finances were managed appropriately and accounted for in a transparent manner. The arrangements to administer any money held on behalf of residents were clear and there was a record
of all transactions. Three residents had Ward of Court arrangements in place and staff were aware of how to access the relevant offices on behalf of residents.

There was a visitors’ record in place as required and this is located at the reception area. It enables staff to monitor the movement of persons in and out to ensure the safety of residents and the security of the building.

**Judgment:**
Compliant

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

**Findings:**
The commitment to ensuring the health and safety of residents, visitors and staff was supported by a range of policy and procedure documents. However, some improvements were required to meet legislative requirements and to ensure appropriate guidance for staff. There was an up to date health and safety statement signed by the provider in March 2017 that outlined the organisation’s commitment to safe work practice. A range of environmental and clinical risks were identified and the procedures for the management and control of risk were implemented and supervised by the provider, person in charge and maintenance staff. All staff were observed to implement appropriate safety measures in their areas of work. For example household staff were observed to ensure that cleaning materials and cleaning trolleys were in view of staff when in use and did not create a hazard by obstructing hallways. Catering staff were familiar with the health and safety guidance they had to observe in relation to food management and care staff observed good infection control measures when moving around the centre by ensuring they washed their hands or used hand gels before moving from one area to another and when dealing with laundry. Staff interviewed told inspectors that they had attended training in infection control and hand hygiene. The health and safety and risk management procedures required review to include the topics of abuse and self harm as outlined in Regulation 26(c) Risk Management.

Clinical risk assessments were undertaken for a variety of risks that included vulnerability to falls, nutrition, weight management, skin and pressure area risks. There were measures in place to identify changes and prevent deterioration to ensure the well being of residents. The record of accidents and incidents was reviewed and the inspector found that incidents were described well and that neurological observations were completed following falls that were not observed or falls where a head injury had occurred to monitor neurological function and detect change expediently to prevent
further complications. The person in charge reviewed falls and incidents each week to ensure that prevention measures were in place and that records were fully complete.

There was good emphasis on promoting independence and staff were observed to encourage residents to walk around the centre and to walk from bedrooms to communal areas where possible. Moving and handling assessments were available for all residents and the number of staff required to assist as well as the equipment needed to undertake manoeuvres safely was described. Care plans based on these assessments were in place to guide staff actions. Moving and handling practice observed by the inspector was safe and staff had completed training in moving and handling within the required three year time frame.

The building is purpose built and in general meets the needs of dependent persons. Hallways are wide and well lit enabling residents and staff to use equipment safely. The standard of cleanliness and maintenance was noted to be good and all areas were free from obstructions that could pose a risk to residents. Equipment was stored in designated areas and was left ready for use. There was a call bell system available in bedrooms and communal areas. Handrails were provided in hallways and were easily visible to residents.

There was a plan and procedure in place to guide staff in an emergency situation and if they had to respond to an untoward event. The plan outlined the procedures to follow in the event of fire, flooding or other adverse event. There were contingency arrangements in place should the building need to be evacuated.

A missing person policy was in place to guide staff actions should a resident leave the building unnoticed. There were recent photographs available for residents to include with other information if a missing person report was required.

The fire safety prevention measures were being upgraded in accordance on the recommendations issued by the fire safety officer from Donegal County Council. New wider doors were being installed in some bedrooms and additional fire exits and fire containment areas had been added. The inspector reviewed service records which showed that the fire alarm system, emergency lighting and fire alert equipment were regularly serviced. Daily visual checks of fire exits, call bells, electrical appliances and doors and windows were carried out and recorded. The inspector observed that fire exits were clear and unobstructed.

There were regular fire drills undertaken with the most recent exercise conducted on 25 March 2017. This took place at 18.30 and there was a report that conveyed what information had been conveyed during the drill. For example the process of the drill and the location of fire extinguishers and the use of evacuation sheets had been described. The fire drill records had been subject to an action plan in the last report as the inspector had found that there was insufficient detail recorded to indicate how the drill had been conducted. Staff confirmed to the inspector that they responded to the fire alarm when it was activated and followed any instructions issued. The training records available confirmed that staff had attended training on fire prevention and evacuation during 2016 and 2017. The centre had signage in place to direct residents, staff and anyone in the building to the nearest exit in the event of a fire and signs were
prominently displayed throughout the building. The following areas were noted to require attention to ensure the safety of residents, staff and visitors:

- Fire safety training for staff required amendment to cover guidance on what to do if a resident’s clothing caught fire
- Information to guide staff in an emergency also required review as personal emergency evacuation plans (PEEPS) that described residents’ mobility needs or any specialist requirements were not readily available for staff
- A fire blanket was not readily accessible near the smoking area.

The fire alert equipment, emergency lights, fire extinguishers and fire doors were checked and serviced regularly according to the records available. The required record of all fire equipment in the centre was also available.

Judgment:
Non Compliant - Moderate

**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:**
The inspector found that there were safe procedures in place to ensure medicines were appropriately stored and administered. The nurses on duty were well informed about the procedures and the way they described how medicines were prescribed, stored, administered and reviewed reflected appropriate safe standards were in place. The medication administration records were clear and the required information including photographs of resident was available. Medicines that were no longer required or were discontinued were signed off to indicate the regime was complete. The inspector found that resident’s medicines were reviewed regularly by doctors.

Safe storage arrangements were in place and medication trolleys were locked and stored securely. The nurses administering medication were knowledgeable about the medicines being administered. Residents who required special arrangements such as medicines to be administered in crushed format had this direction outlined on their medication record. Nurses confirmed that they undertook refresher training in medicines management with HSE land and with the local nurse development unit.

Controlled drugs were stored in drug cabinets that conform to statutory requirements. A
controlled drug register was maintained and these medicines were checked by two nurses when administered and at each shift change in accordance with the Misuse of Drugs (Safe Custody) Regulations, 1984. The inspector checked the controlled drugs register and found that for the items checked the record of balances recorded in the register reflected the exact amount of controlled drugs in stock.

There were regular audits of the administration system and the use of psychotropic medicines. Where residents were prescribed psychotropic medicines there was evidence that reviews of their medication regimes were undertaken regularly.

Judgment:
Compliant

Outcome 10: 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 care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspector found that incidents that occurred in the centre had been recorded and nurses and managers were aware of the incidents and the timescales that applied to the notification of particular incidents.

The quarterly reports had been submitted and contained the required information.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the time of this inspection there were 49 residents living in the centre, 33 of whom had maximum or high dependency care needs, 13 were assessed as medium dependency and the remaining residents had low level care needs. Residents had a mixture of age related medical conditions and almost half had a diagnosis of cognitive impairment or dementia. Some were in very advanced old age.

The inspector reviewed a sample of residents' care plans, discussed with residents and staff how care practice was managed and reviewed the arrangements for medical and allied health professional input to assess the quality of health care provided. The inspector found staff to be well informed about the day to day personal and health care needs of residents. Care plans reviewed and observation and examination of care practice confirmed that the nursing and medical care needs of residents were assessed and that appropriate care interventions/treatment plans were implemented. There was good support from primary care services and doctors visited the centre regularly to review residents’ health conditions and medicines. The provider had arrangements in place for specialists such as members of the mental health team to assess and review residents when required.

All residents had a care plan and these were maintained on a computer programme. This was well managed by the staff team and assessments and daily records were up to date. The inspector reviewed how assessments, care plans, reviews, reports of accidents and incidents were recorded on the system. Residents had an assessment prior to admission and some residents confirmed that they had met staff from the centre before they came in who explained varied aspects of the service and provided information to them and their families. Comprehensive nursing assessments were carried out following admission and a range of evidenced based assessment tools were used to determine risk in relation to areas that included falls, vulnerability to the development of pressure area problems and poor nutrition. Care plans for residents with dementia described the condition and associated problems such as orientation levels and communication capacity.

The range of risk assessments completed were used to develop care plans and these were found to convey care needs and the interventions required from staff to ensure appropriate care was delivered. The inspector found that there was good information that reflected a person-centred approach to care had been adopted. Residents were able to get up at times that suited them and could choose to take part in activities or absent themselves from planned activity. Their personal choices were recorded to inform staff. There was evidence of consultation with residents and families in the majority of care plans reviewed. Relatives’ and residents’ feedback indicated that they had been informed about care plans at the time of admission and when changes in care needs were evident. Care plans were reviewed at the required four monthly intervals.

Nurses confirmed that they meet with relatives to discuss care plans and residents’ progress and well being. The inspector found that care plans were updated during periods of illness or when a significant event such as a fall occurred.
There were no wound care problems in receipt of attention. There were preventative measures in place to ensure that areas of clinical risk were monitored. All residents had a monthly weight check as well as a check of blood pressure, temperature and respiratory function. The monthly records of weight were reviewed and where changes were evident there were dietary changes made that included fortification of food, supplements or a reduction in calorie intake.

From the documentation, information received from residents and observation in the centre the inspector saw that there were opportunities for residents to participate in meaningful activities, appropriate to their interests and preferences. An action plan in the last report where social care had not been described well in care records had been addressed. Residents told the inspector about participating in different activities which were meaningful such as discussing the news and listening to and participating in music sessions. The inspector observed that there was sufficient staff available to provide one to one interaction for residents who did not take part in organised activity or who liked a more individual approach.

**Judgment:**
Compliant

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### Outcome 12: 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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The centre is located in a residential area a few miles from the town of Killybegs and overlooks Killybegs Harbour. The premises were well organised, visibly clean and generally well maintained. There was a comfortable relaxed atmosphere throughout and the provider had made significant efforts to ensure that areas such as the smoking room were comfortable and appropriately furnished. This area was noted to be well furnished with a range of tables and chairs. It also had a radio to entertain residents who spent time there. Protective clothing was available if residents required this.

A number of premises changes had been made since the last registration renewal inspection conducted in April 2014. An additional shower had been provided to meet the
needs of the 25 residents accommodated in one area more appropriately. There was adequate sitting and dining space and residents had a choice of where they could sit during the day. All the communal areas were noted to be well used and some were used to undertake particular activities during the day during the day. Storage space for equipment and general supplies was well organised and did not present a hazard or intrude on residents’ areas. The laundry was well equipped and adequate for washing and drying bed linen and clothing.

Bedroom accommodation for residents was organised in 3 single rooms, 11 double rooms and 7 rooms that accommodated four residents. These multiple occupancy rooms measured 37 square metres approximately and had ensuite facilities of shower, toilet and wash hand basin. Plans to address the communal layouts and improve the standards of privacy offered to residents are in place and are scheduled for completion by 2021 in accordance with plans submitted to the Chief Inspector and form a condition of current registration. Rooms 19 and 20 present the most significant space issues if equipment such as hoists are needed. An occupational therapy assessment of these rooms undertaken following the last registration inspection conveyed that the space was adequate for four residents provided some residents were independent and did not require specialist equipment. Screening curtains were in place in all shared rooms. There was an accessible call bell by each bed. The inspector noted that there were a number of features that reflected good practice for the care of residents with dementia. Windows were at a level that enabled residents to see out easily and there was contrast in the colours of floors, walls and hand rails.

The bedrooms viewed were noted to be clean and well organised. Many residents had personal items such as photographs, ornaments and pictures on display. The communal areas were spacious and had good levels of natural and artificial light. All areas viewed were well decorated and maintained to a good standard. Some renewal of paintwork was required to address the damage that resulted from the installation of new fire doors. There was appropriate equipment in place to support and promote the independence of residents. This was maintained in good working order and associated service records were available. Walking aids and appliances such as hoists and wheelchairs were in good condition.

There were a range of other facilities that included rooms for treatment/clinical care, storage, administrative offices, cleaning and sluicing facilities. The majority were noted to be appropriately equipped however the medication room did not have a hand wash sink. The kitchen and dining areas are centrally located. The dining rooms were noted to be well used by residents at all meal times and there was a good allocation of space between dining tables to enable residents to use equipment and to move around safely.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
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: Person-centred care and support

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

Findings:
The inspector found that the requirements of regulation 34- Complaints Procedures were in place and information on how to appeal if not satisfied with the outcome of the centre’s investigation was available. Relatives and residents confirmed in feedback questionnaires that they were aware that there was a complaints procedure in place. Residents told inspectors they would approach the person in charge, the provider or any member of staff should they have concerns. The complaints procedure was prominently displayed.

The inspector saw that complaints were addressed promptly and that all complaints were acknowledged. The outcomes of investigations were recorded and there was a conclusion indicating if the complainant was satisfied. There were no active complaints at the time of the inspection.

Judgment:
Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme: Person-centred care and support

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

Findings:
There were no residents in receipt of end of life care at the time of inspection. One resident had a palliative care plan in place. The inspector reviewed some of the care plans for end of life care that had been completed. Nurses said that where possible they try to support residents near end of life in the centre with the assistance of the palliative care team. Nurses gave good accounts of how they elicited information about how people wished to be cared for and how advanced care directives are completed. An action plan in the last report indicated that care plans for end of life did not provide adequate information to guide staff practice and decisions at this time had been addressed. The inspector saw instances where personal choices as to where residents wished to be cared for at end of life had been outlined together with the religious
sacraments and prayers they would like to have before they died.

There was good evidence that frail residents received appropriate care. Pain relief needs were assessed and pain relief interventions in place were outlined in care plan and and were noted to be well managed.

Nurses had information on the resuscitation status of residents and this was reviewed by doctors and discussed with family members. There was an end-of-life care policy in place to guide staff practice.

**Judgment:**
Compliant

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### Outcome 15: Food and Nutrition

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

**Theme:**
Person-centred care and support

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

**Findings:**
The inspector found that the arrangements in place to provide residents with a varied and balanced diet met good practice standards. There were systems in place for assessing, reviewing and monitoring residents’ nutritional requirements and intake. Residents’ food preferences were identified and catering staff were informed about specialist needs. Residents said that the chef provided a range of choices and that alternatives were always offered if they did not like the main dishes that were on offer or if they were feeling unwell and wanted a lighter main meal.

There was a food and nutrition policy in place and this was supported by a range of associated nutrition procedures that provided guidance on the management of food and hydration, medication management and the care of residents with conditions such as diabetes. The inspector found that the policy would benefit from review to provide best practice guidance for staff. The current policy did not outline the indicators that should prompt staff to refer to specialist services such as speech and language therapists or dieticians. Catering staff were well informed about residents’ choices and preferences. There were two choices at each meal time and the menu was varied in accordance with residents’ preferences.

Residents expressed positive views about the food served. They said that they enjoyed meal times and described the catering staff as helpful and keen to ensure that they had a varied choice of food. Three residents said that they were offered alternatives if they
did not like the menu choices on offer or were not feeling well and did not want a full meal.

The inspector observed two meal times and found that food was attractively presented and served in variable portion sizes to meet residents’ choices. Staff were observed to support residents effectively at meal times and to encourage residents to be as independent as possible. The inspector noted that plenty of time was devoted to main meals, residents were not rushed and staff were available throughout meal times to assist and support residents where necessary. The inspector saw that residents were offered drinks throughout the day. Residents told the inspector that they could have tea or coffee and snacks any time they asked for them.

During lunch and tea time staff were observed to consult with residents and to advise them of the menu choices. The instructions for foods and liquids that had to have a particular consistency to address swallowing problems were outlined in care plans and made available to catering and care staff.

Nutritional risk assessments were completed and care plans were formulated where residents were at risk of compromised nutrition. There was access to allied health professional advice for residents and the recommendations were outlined in care plans and noted to be followed by both catering and care staff at meal times. All residents were weighed monthly and those at risk or where fluctuations upwards or downwards were a concern were reviewed on a more frequent basis. Evidence was available that nutritional risk assessments were used to identify residents at risk of malnutrition.

Judgment:
Substantially 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 that the person in charge and staff team encouraged and facilitated good communication among residents, staff and relatives. Information supplied to the inspector from residents and from feedback questionnaires conveyed that residents generally knew their rights and felt free to query anything they did not understand.
The inspector found that residents were consulted about the organisation of the centre. Regular meetings for residents were organised. The inspector viewed the meeting records and found that there was participation from residents who commented on varied aspects of the service however there were times when residents contributions were limited. Where residents do not wish to attend formal meetings or where residents may not be able to participate in a group situation their views could be sought in an informal way prior to meetings and included in the feedback. Residents told the inspector that staff respected their privacy and made living in the centre very comfortable for them. Some residents commented that they felt the centre had proved a good substitute for home and offered the best and safest option for them.

There was a relaxed atmosphere throughout the centre and residents were observed to use all the communal areas well while relaxing, reading the paper or listening to the radio. Some residents told inspectors that they had a choice in the way they spent their day and could choose whether to join in an activity or to spend quiet time in their room. Residents had access to television, radio and local and national newspapers. There was a range of activities available to residents. Activity staff and carers on duty daily facilitated the activity programme. A range of activity material was available to use during activity sessions. The inspector noted that activities were meaningful and aimed at meeting the varied interests of residents. During the inspection, residents were busy planting bedding plants in tubs for Easter. The inspector observed that staff interacted positively with residents, greeted them when they entered rooms and were at all times cheerful and pleasant. The inspector observed that staff respected residents’ privacy at appropriate times.

Judgment:
Substantially Compliant

### Outcome 17: Residents’ clothing and personal property and possessions

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents had storage space for their belongings and many had a range of personal items displayed in their rooms. A property record was completed by staff on admission and the records viewed were up to date. There was a system in place to ensure all clothes were labelled to prevent loss.
The centre provided a laundry service and except family members wished to do personal laundry clothing was laundered on site. There was a well equipped laundry to ensure that general and personal laundry was washed at appropriate temperatures and pressed effectively.

**Judgment:**
Compliant

**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

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

**Findings:**
The inspector found that staff numbers and skill mix available during the day and at night could meet the needs of residents appropriately. All nurses on duty were on the active register maintained by An Bord Altranais agus Cnáimhseachais na hÉireann or the Nursing and Midwifery Board of Ireland (NMBI). The inspector found that appropriate staff allocations were in place to address the business and administrative needs of the service.

The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the provider representative. They described how they allocated workloads and determined staffing requirements. If residents required higher than usual levels of care staffing levels were adjusted to meet the increased demand for care or supervision.

During the inspection days, there were two nurses on duty in addition to the person in charge. There were also eight carers on duty for the majority of the day. Two catering staff, cleaning, laundry and maintenance staff were also available. The provider also worked full time and was available to provide advice and guidance to staff. The staffing levels were reflective of the daily planned and actual rota for staff deployment.

The inspector spoke with varied staff members and found that they were knowledgeable about residents’ needs and day to day choices, fire procedures and the system for reporting suspicions or allegations of abuse. Staff were well informed about the actions they should take if they had a concern about a situation. They conveyed positive
attitudes towards the care of older people and had built up strong and meaningful relationships with residents. They knew residents’ visitors and the people that were significant in their lives. Staff told the inspector that they were well supported, that a good team spirit had been developed and that all staff worked well together.

New staff had a formal period of induction to help them become familiar with residents, the routine of the centre, the layout of the premises and policies and procedures that informed practice.

There was a training programme in place and the inspector found that staff were up to date with training and information on the mandatory topics of fire safety, moving and handling and adult protection/elder abuse. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had up-to-date mandatory training as documented in previous outcomes. The inspector reviewed the training records and found that staff had completed training on nutrition, food hygiene, hand hygiene, falls prevention and infection control.

**Judgment:**
Compliant

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Harbour Lights Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000345</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>11 and 12 April 2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24 May 2017</td>
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**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 01: Statement of Purpose**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose required revision to include all the conditions of registration.

**1. Action Required:**
Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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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:
The statement of purpose has been reviewed and revised which includes all the conditions of registration

Proposed Timescale: Complete

**Proposed Timescale: 24/05/2017**

**Outcome 02: Governance and Management**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual report of reviews of the quality and safety of care and quality of life had not been completed in accordance with Regulation 23(d)

2. **Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
The annual review of the quality and safety of care has been done, and the annual report of reviews of quality and safety of care and the quality of life are completed in accordance with regulation 23(d)

Proposed Timescale: Complete - ongoing

**Proposed Timescale: 24/05/2017**

**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 risk management policy did not include measures on how to address risk associated with abuse or self-harm as outlined in regulation 26(c) (I) and (v).

3. **Action Required:**
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

Please state the actions you have taken or are planning to take:
The risk management policy has been updated and includes the measures on how to
address risks associated with abuse or self harm outlined in regulations.

Proposed Timescale: Complete

<table>
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<tr>
<th>Proposed Timescale: 24/05/2017</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Fire safety training required review to include the procedures to be followed should a resident's clothing catch fire.</td>
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4. **Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Arrangements have been made for staff to receive suitable training in fire prevention and emergency procedures.

Proposed Timescale: 2 months

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<tr>
<td><strong>Theme:</strong> Safe care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Information to guide staff in an emergency required review as personal emergency evacuation plans (PEEPS) that described residents' mobility needs or any specialist requirements were not readily available for staff.</td>
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A fire blanket was not readily accessible near the smoking area.

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

Please state the actions you have taken or are planning to take:
PEEPS have been reviewed which includes residents mobility need or any specialist requirements which are made available to staff.
A fire blanket has now been put in place.  
Proposed Timescale: Complete 

**Proposed Timescale:** 24/05/2017 

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support 

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The there are seven bedrooms that accommodate four residents and two of these have a layout that makes the management of equipment problematic. A condition applies to the current registration with plans to address the premises issues submitted to the Chief Inspector. The schedule of works, which are due for completion in 2021, is required prior to work commencing.

The room where medication is stored does not have a hand wash facility.

**6. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
At present the schedule of works are still under review which are due for completion in 2021.

Wash hand facilities will be added into the medication storage room.

Proposed Timescale: Ongoing (schedule of works) 
2 months (wash hand facilities)

**Proposed Timescale:** 24/05/2017 

### Outcome 15: Food and Nutrition

**Theme:**
Person-centred care and support 

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The policy and procedures to guide staff on nutrition management required review to provide indicators for staff on when to refer to specialist services and to indicate the extent of change that should prompt a referral.

**7. Action Required:**
Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

**Please state the actions you have taken or are planning to take:**
The policy and procedure to guide staff on nutritional management have been reviewed to provide indicators for staff under regulation 18(1)(C) (iii),

Proposed Timescale: Complete

| Proposed Timescale: 24/05/2017 |

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**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 records of residents meetings did not always indicate that residents were widely consulted about the service.

**8. 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:**
Each resident at Harbour Lights are consulted about the services. Now the records of residents meeting are evident about each residents participation and consultation of services.

Proposed Timescale: Complete - ongoing

| Proposed Timescale: 24/05/2017 |