Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005011
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

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

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out by the Authority in response to an application to register submitted by the provider of the service.

The centre comprises two residential bungalows divided into four separate apartment spaces and can accommodate six residents. It is located just outside Galway city and is a prime location for public transport and amenities.

Residents living in the centre presented with complex support requirements. The inspector found that while there were restrictive practices in place in the centre, they

were assessed as being in the best interest of the resident and were the least restrictive option in all cases reviewed. There was evidence to show that restrictive practices used were reviewed by the Human Rights Committee and regularly reviewed through a multidisciplinary process.

The provider had ensured resources were available in order to make environmental accommodations within the centre. Those accommodations ensured residents' living environments met their specific complex needs and reduced the likelihood of behaviours that challenge occurring. A behaviour support specialist worked in close collaboration with residents, staff and families to ensure positive behaviour support assessment and best practice intervention were in place for residents.

The inspector identified fire safety issues which related to the centre not having a fire alarm panel. A fire panel was used for the entire congregated setting and located in one bungalow. There was no panel located in this specific designated centre. Staff working in the centre the centralised fire panel was located in were tasked to ring the relevant residential unit if the fire alarm sounded and tell them where the fire was located. The inspector was not assured that this practice was robust and requested to see the procedure in action.

During the inspection the fire alarm was activated and a member of staff, from the designated centre the fire panel was located in, rang and told a member of staff what the fire panel had displayed. However, the information relayed was not exactly what had been displayed on the fire panel and the member of staff did not go to the correct location of where the fire alarm had been activated. This concerned the inspector and an immediate action was issued to address this risk.

By the close of the inspection on the second day procedures had been implemented by the provider nominee and person in charge to address any immediate risks and the inspector was given a commitment by the facilities manager that a repeater fire panel would be installed in the centre by the middle of January 2016 to ensure a more robust fire alarm and response system was in place.

The inspector found good practice in all 18 Outcomes inspected. 15 Outcomes were found to be compliant or substantially compliant, two Outcomes were found to be moderately non-compliant, Outcome 1: Resident's Rights, Dignity and Consultation and Outcome 14: Governance & Management. One Major non-compliance was given for Outcome 7: Health and Safety and Risk Management, this was related to fire safety issues.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Overall the inspector found good practices within this Outcome. There were some non-compliances found in relation to lack of privacy locks on resident's bedroom doors and a lack of activity provision in the evening times.

Residents' rights and dignity were upheld comprehensively through multi-disciplinary review and respectful staff practices. This Outcome had been reviewed on a previous inspection early 2015 and had met with substantial compliance. Actions given on the previous inspection had been adequately addressed and within the timeframe agreed.

During the course of the inspection, inspectors observed staff working in a respectful manner. They carried out care practices in a way that maintained residents' dignity. For example, doors to a resident's apartment had been adjusted to make provisions for the resident's dignity but also ensured they could communicate with staff or other residents when they wished to.

No CCTV was used within the centre.

Residents had their own bank accounts with bank cards and individual PIN number. They had supported inclusion and autonomy in accessing banking services as they needed. There were robust auditing procedures for the management of residents' finances to ensure safeguarding. An example of the auditing procedures included, balance checks by staff, maintenance of receipts and audits each month.

Each residential unit had space for residents to meet with visitors in privacy and comfort. For example, in one residential unit each resident had a living room space

where they could meet visitors. Each resident had their own bedroom which was decorated to their individual preferences with personal possessions. However, there were no locks on residents' bedroom doors, therefore, while residents could retain personal possessions within the designated centre there were inadequate provisions in place to secure them. The lack of locks on bedroom doors also impacted on residents' privacy options in the centre.

Residents had access to an independent advocate who visited the centre often. An inspector observed documentation which indicated a referral to the local advocacy service was made in November 2013 for a resident that lived in the centre indicating residents had long standing established links with the advocacy service.

The inspector reviewed minutes of an advocacy meeting held on 6 November 2015 between a resident's independent advocate and senior staff for the designated centre. This was a forum for the resident's advocate to query any practices currently in place for the resident and make representation on behalf of the resident. Some items discussed included the resident's education programme and restrictive practices in place. Actions were established going forward from the meeting with persons responsible identified.

A complaints policy and procedures was available in the centre. However, the complaints procedure was not centre specific. During the course of the inspection, the person participating in management (PPIM) changed the procedure and made it centre specific identifying the specific nominated persons to deal with and review complaints for the centre.

The inspector reviewed the complaints log for the centre. There were no open complaints at the time of inspection. A closed complaint dated 18 November 2014 was reviewed. In response to the complaint made the person in charge made some changes to how residents' clothes were laundered in the centre which addressed the issue. The inspector noted the complaint was addressed promptly.

Each resident had their own bedrooms which were decorated to their individual preferences with personal possessions. Each residential unit had space for residents to meet with visitors in privacy and comfort. For example, in one residential unit each resident had a living room space where they could meet visitors.

Residents had opportunities to participate in activities that were meaningful and purposeful to them and suited their needs, interests and capabilities. Some examples of activities available to residents were cycling, gardening, equine therapy, swimming and learning life skills. However, these activities occurred during the day time.

During the course of the inspection, the inspector observed some residents wearing their pyjamas at 7.30pm, the inspector did note that residents independently changed into their bedtime atire and were not asked to do so by staff. Visual time tables for residents did not indicate any activities for evening time other than supper and bed time.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
All residents had access to televisions, radio, postal service, telephone and magazines. Residents also had access to assistive technology such as iPads which enhanced communication systems in place to assist residents when making choices, using pictures to represent the choices available to them.

Speech and Language Therapists (SALT) had received referrals for residents living in the centre and assessments had been carried out with recommendations made. The inspector read a sample of speech and language assessments. TEACCH, a communication system specifically designed to support the needs of adults and children with Autism Spectrum Disorders, was one communication system in place based on recommendations from SALT.

The inspector observed examples of where it was being used. For example, first and then visual schedules which informed residents of what activity was happening first, and 'then', meaning what was happening afterwards. Visual time tables were another example, and were used to inform residents of what activities were scheduled to happen during the day. These incorporated coloured photographs and were placed in specific locations within each residential unit.

Residents also had communication passports in place which outlined each resident's specific communication repertoire. The inspector reviewed one in detail which outlined very specific communication signs a resident used which were specific to them. Each documented communication had a drawing of how the resident performed each action. This was informative and ensured staff working with the resident could understand their unique style of communication while ensuring they met their needs. Some examples included how the resident communicated, "I'm hungry", "I need to use the toilet", "I am tired".

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

Findings:
The centre promoted and supported positive relationships between residents and their family members. Family members were encouraged to visit the centre. The team leader informed inspectors that there were no restrictions on visitations.

All residents could receive visitors in private and families were kept informed of their overall wellbeing. Families and residents (where possible), attended personal plan meetings and reviews in accordance with the wishes of the resident. Residents were also supported to visit their families and photographs of visits were located in residents' personal profiles in some instances.

Of a sample of personal profiles viewed during inspection, there were records of family involvement in the care and support of each resident.

Framed family photographs were located throughout each residential unit of the centre and in residents' bedrooms.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
Each resident had been issued a written agreement of the terms of their contract in the centre. The contract set out the services to be provided to each resident. Of a sample of contracts viewed, they were signed by the resident or where the resident was not in a position to do so, a representative had signed on their behalf.

An appendix had been recently added to the contracts of care where a detailed centre specific breakdown of extra expenses (where applicable) to residents could be documented.

However, at the time of the inspection one contract had not been signed by a resident's representatives as they were not in agreement with the terms and conditions set out.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Each resident's wellbeing and welfare were documented in their personalised folder which included information about their backgrounds and their personal goals for the current year. However, improvements were required in relation to some social care assessments.

From a sample of residents' personal plans reviewed they were found to be individualised and person centred, for example; the residents' needs, choices and aspirations were clearly identified.

There was also evidence of a multi-disciplinary team input documented in the resident's files, such as occupational therapy, physiotherapy and speech and language therapy (SALT) in all personal plans reviewed.

Some residents attended day activities in another part of the organisation Monday to Friday. Other residents carried out an educational programme which ran from the designated centre. The inspector found evidence to indicate personal plans were updated when residents' needs changed, for example, recommendations or activities were changed based on assessments by various allied health professionals. An example reviewed by the inspector included the change of activities for a resident based on a sensory assessment carried out by an Occupational Therapist (OT) whereby some recommendations were trialled and then discontinued based on ongoing assessment and review of a resident's response.

However, while personal plans were detailed and comprehensive in relation to health and behaviour support needs, residents' leisure activities were not adequately identified.

For example, one resident's leisure activities were to continue their OT sensory programme, which as mentioned previously had been discontinued. The other leisure activity goal was to continue using TEACCH, a communication system for children and adults with Autism. This was not a comprehensive leisure activity assessment for the resident as both items identified were therapeutic programmes to support the resident rather than leisure pursuits.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
There was adequate private and communal accommodation for each resident in the centre. It was adequately ventilated and had adequate heating and lighting. There was a separate kitchen and dining area, with sufficient cooking facilities in each residential unit of the centre. The sitting rooms were spacious, well decorated and maintained to a good standard.

The location of the centre, while in a congregated campus style setting, was located in a prime central location of Galway city for all local amenities and transport options which could meet the leisure, work and educational needs of residents.

Each resident had their own bedroom. Each were of adequate size with suitable storage facilities and sleeping arrangements.

There were suitable equipment, aids and appliances in place to support each resident and the design and layout of the centre is suitable for its stated purpose. For example, each kitchen was supplied with a dishwasher, fridges, microwave, cooker and cupboards.

The provider had recently fitted a sluice room in one of the residential units. This was fitted with adequate waste disposal and hand washing facilities.

An interior designer had made recommendations for the colour scheme of one of the residential spaces to meet the needs of a resident living there. The colour scheme incorporated muted blends of colours which were purported to have a calming soothing

effect.

Equipment in the centre was fit for purpose. The team leader for the centre showed the inspector how they logged maintenance requests which the inspector reviewed and found had been acted upon within an adequate timeframe.

However, servicing and maintenance records were not easily retrievable. Most maintenance records were maintained in a central location in the campus the centre was located. They were not always clear as to what designated centre the servicing was carried out in, indicating the campus as a whole rather than individual designated centres.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
While some risk management systems in the centre related to behaviours that challenge were well met there was improvement required in relation to the management of fire safety.

The inspector reviewed a sample of risk assessments for restrictive practices in the centre. They were up to date, and reviewed regularly to ensure they were contemporaneous to practices carried out in the centre.

Risk assessments were also carried out for residents at risk of absconding. Associated control measures were in place to ensure residents' safety. Residents had been assessed as being at risk of serious injury while using transport due to opening of their seat belts during transit. Specifically designed harnesses had been fitted which could not be opened by residents during transit. This ensured residents could attend activities and visits out of the centre safely. Each of these measures had an associated risk assessment.

Other risks associated with residents' behaviours that challenge had proactive strategies and risk control measures which lessened the likelihood for residents to be seriously injured should they engage in them.

An identified risk of ingesting inedible items in the environment was found to be well managed. Residents had access to a garden space which had been adapted to meet

their needs for example: all plants in the garden were edible. Equally risk of self injury from over consumption of water was well managed with control measures which allowed a resident access to water from the tap in their apartment every 45mins. This ensured residents could access drinking fluids but in such a manner as to meet their physical needs and not cause injury to them.

Fire safety measures were in place; however there was some improvements required. Fire safety equipment was located throughout the designated centre, fire extinguishers, and fire blankets were located in the kitchens of each residential unit. Fire exit signage was adequate and each resident had an up-to-date personal evacuation procedure in place.

However, the inspector found routine checks of fire equipment, fire exit signs and fire exits were not up to date and in some instances had not been checked for a considerable period of time. For example, daily fire escape route checks were not documented for a number of days in some months. Monthly fire exit sign checks were only documented for February, March, April and May with no other checks indicated.

The inspector also noted that the fire panel for the fire alarm was not located in the centre but located in another designated centre of the campus the centre was located in. There was no repeater panel in the designated centre this report references.

When the fire alarm sounded a staff member, from the designated centre the fire alarm panel was located in, rang the relevant designated centre and read from the fire alarm panel the location of where the fire/smoke sensory was sounding from. The inspector was not assured that this was a robust and safe system and requested to observe this procedure in action.

The team leader set off the fire alarm by activating the break glass unit in the rear end of one of the apartments in the centre. The phone rang within one minute of the alarm sounding and the staff member that answered the phone was informed by the caller the information displayed on the fire panel. However, the staff member receiving the call did not go to the correct location of where the fire alarm had been activated and went to the opposite end of the designated centre.

On further review by the inspector and the person participating in management, it was established that the caller had not read out fully what had come up on the fire panel screen. It was also established that the information on the fire panel was not specific enough to identify exact locations within the centre and displayed, for example, 'rear exit apartment 1 – 3'; rather than specifically 'rear exit apartment 1', where the alarm had been activated.

This confirmed the inspector's concerns that the system was not safe or robust enough and required immediate action to address it. The inspector issued an immediate action which was given to the person in charge and provider nominee on the evening of the first day of inspection.

The provider responded by issuing a verbal and written directive to staff working in the designated centre the fire panel was located that they must read clearly and exactly

what was displayed on the fire panel screen should a fire alarm sound. The other action taken by the provider was to contact the fire panel servicing company to rectify the configuration issue to ensure the fire panel displayed the correct and exact location of the fire.

On the second day of inspection, the inspector met with the facilities manager and discussed the issue in relation to the lack of a repeater panel for the centre and the reliance on staff working in another part of the campus to alert staff to the location of a fire in their centre. The facilities manager gave assurances that a repeater system would be sourced for the centre.

However, while these actions somewhat addressed the inspector's immediate concerns there were still some issues remaining in relation to adequate fire safety systems for the centre.

Another issue which the inspector identified was that when a smoke/fire detector was set off in any residential unit within the larger campus, the fire alarm sounded in all residential units throughout the campus. This meant the fire alarm sounded regularly, therefore staff and residents were accustomed to hearing the alarm sound but did not act with urgency as it was frequently not specific to their centre. This concerned the inspector as she also noted that when the alarm sounded on the first day of inspection, no resident attempted to implement evacuation or reacted to the sound of the alarm. This needed to be addressed.

The inspector also noted that some smoke seal intumesent strips on doors had paint on them which rendered them ineffective in preventing smoke from travelling throughout the centre or into residents' bedrooms, for example. The inspector brought this to the attention of the team leader who in turn brought this to the attention of the maintenance manager. However, at the close of the inspection on the second day the strips had not been changed.

At the close of the second day of inspection, the facilities manager informed the inspector that a repeater panel system had been procured for the campus and would be installed by the middle of January 2016.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
On this inspection the inspector found practices in place which ensured safeguarding and safety of residents in the centre as found on the previous inspection of the centre April 2015.

The inspector reviewed a sample of behaviour support plans for residents living in the centre. They followed a multi-element model of positive behaviour support. There was evidence to show environmental adaptations had been implemented to reduce triggers which may elicit behaviours that challenge. Environmental adaptations in the centre also ensured a reduction in restrictive practices used to manage behaviours that challenge.

Staff spoken with throughout the inspection were knowledgeable of the triggers which caused residents to display behaviours that challenge. They implemented de-escalation strategies during the course of the inspection which demonstrated competent management of a potential volatile situation.

The behaviour support specialist provided consistent support and direction to staff working in the centre and was present in the centre on the second day of inspection. Through consistent review and close collaboration with staff, management and residents' families, behaviour support plans had been developed to meet the specific needs of each resident.

The provider had ensured there were adequate resources available in order to make environmental accommodations within the centre which would provide an environment catered to residents' needs. Therefore reducing the likelihood of behaviours that challenge from occurring. Inspectors saw evidence of specifically designed living room spaces, modified doors and garden spaces that were safe and promoted independence.

Chemical restraint was used in the centre, it was regularly reviewed by residents' psychiatry team and there was evidence to show attempts had been made to reduce chemical restraint medications which were prescribed to be administered on a consistent basis as opposed to PRN (as required). PRN chemical restraint was prescribed to be administered prior to procedures or appointments which might cause distress or anxiety for the resident, for example, blood tests or dental appointments. Medical and medication administration charts confirmed this had been the case for residents' recent medical appointments or interventions.

All staff spoken with demonstrated a comprehensive knowledge of what constituted abuse and procedures to be implemented should they suspect or witness abuse. All staff spoken with had received training in client protection, management of aggression and violence and management of behaviours that challenge which ensured they were skilled to meet the needs of the cohort of residents living in the centre.

Judgment:
Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
A record of all incidents occurring in the designated centre was maintained. Quarterly notifications were also provided to the Authority as per regulations and timelines set in the regulations. The person in charge (PIC) and team leaders (PPIM) could identify key notifications that must be with the Authority within a three day time frame, for example.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Overall the inspector found residents' general welfare and development were supported in the centre. However, as mentioned in Outcome 1, residents opportunities to engage in activities in the evening time were limited.

All residents had opportunities to avail of a day activity programme which in some instances was carried out in a day service located on the campus the centre was part of. One resident received an educational programme which was run from the designated centre. Some of the key areas on which the educational programme focused were life skills and learning communication strategies.

Residents had access to transport which was designated for their centre. This was used

to access community based activities and/or facilities.

While the provider had ensured adequate resources for residents to engage in opportunities for new experiences and participate in education and training, goals established for residents mainly concentrated on behaviour management outcomes rather than educational achievements or leisure pursuits.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The inspector reviewed a sample of healthcare plans and found residents were supported to have their health needs met in the most part.

Residents were supported to access health care services relevant to their needs. The inspector found that they had access to a general practitioner (GP). There was evidence that residents had access to allied health professionals such as speech and language therapists (SALT), physiotherapy, psychiatry services and occupational therapy. They were supported by staff and/or family members to attend appointments and undergo necessary interventions, for example, blood tests relating to epilepsy management.

All residential units had adequate space for the storage of food. Residents had the choice to eat out, order in takeaway or prepare meals in the centre as they wished. Fresh and frozen foods were in good supply in the centre. There was a good selection of condiments, oils, spices and herbs which were used in the preparation of nutritious meals for residents.

Residents' weights were monitored and since September 2015 residents' body mass index (BMI) was also calculated to identify if the weight measured was one that indicated nutritional risk for the resident. For example, was the resident's weight correct for their height.

Some residents identified as having a higher than average BMI had programmes which incorporated increased exercise activities. However, associated nutritional risk assessment tools were not used to assess if residents required referral to dietetic services based on any nutritional risk identified. Monitoring of residents' nutritional risk, whether it was a risk of malnutrition or obesity, was not robust enough and in line with

the organisational policy for management of residents' nutrition.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
There was a robust medication administration and management policy in place in the centre. This included processes to ensure the handling of all medicines was safe and in line with legislation. There were also appropriate procedures in place for the handling and disposal of unused and/or out of date medicines.

All medication was locked securely in a press in the centre and from the sample of medications viewed, inspectors found they were correctly labelled and in date.

Only staff that had been appropriately trained were permitted to administer medication. It was observed that staff followed appropriate medication practices and medications were administered as prescribed.

Medication plans were reviewed appropriately and staff followed the medication management practices in place in the centre. For example, staff would double check that all medicines collected from the pharmacy were correct and accurately reflected what each resident was prescribed.

There was a system in place for reviewing and monitoring safe medication practices. For example, drug errors were recorded and reported using the organisation medication error reporting mechanism. The medication error procedures in the medication management policy required some review as it was vague and not centre specific. This is further explored in Outcome 18: Records & Documentation.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a statement of purpose in place that set out the aims, objectives and ethos of the centre. The statement of purpose clearly detailed the organisational structure and identified the staffing complement for the designated centre.

Details of how residents were consulted with, arrangements for social activities and arrangements for dealing with complaints were also set out in the statement of purpose. However, the complaints procedure information was not centre specific.

Also, while the statement of purpose set out the facilities and services to be provided by the centre, it did not set out the fire management arrangements as were in place at the time of inspection.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There were management systems in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

There was a clearly defined management structure in place which identified the lines of authority and accountability. For example, the centre had a full time team leader in each unit (which was a Clinical Nurse Manager I post). The team leader exercised their personal and professional responsibility for the quality and safety of the services delivered. For example, risk management procedures for the management of behaviours

that challenge were in place and personal plans were comprehensive.

Six monthly and annual audits had been undertaken by management and staff as required by the regulations. The provider nominee had carried out two six monthly audits of the centre in March and September 2015.

The September 2015 provider-led audit had identified gaps in the centre's fire safety checks with an action given by the provider nominee for fire checks to be implemented as per the fire register for the centre. However, the inspector found on this inspection, that fire safety checks had not been implemented as per the directive given by the provider nominee in September 2015. There were some instances where a considerable length of time had elapsed between checks. This is also further discussed in Outcome 7: Health and Safety and Risk Management.

They were supported by the person in charge. She worked full-time and was suitably skilled, qualified and experienced as a manager. At the time of inspection she was on extended leave and a suitable person deputised in her absence. They demonstrated sufficient knowledge of the requirements of legislation and her statutory responsibilities.

Issues of risk were robustly managed when the inspector brought them to her attention during the inspection. For example, the deputising person in charge made arrangements for the fire alarm system to be serviced on the morning of the second day of inspection in direct response to an immediate action given by the inspector on evening of the first day of inspection.
The person in charge also provided leadership and support to each team leaders. She had regular supervision meeting with them and had an excellent knowledge of the care and support needs of residents and staffing requirements for the centre.

There was an on-call system in place for night and weekends in order to provide consistent governance of the centre at all times. For example, an emergency contact number was on view in the centre, where any staff member could call for a manager at any time for advice, clarification or to address any adverse incident that may occur.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The Chief Inspector had been notified of the proposed absence of the person in charge. Arrangements were in place for the management of the centre during her absence.

There were named persons participating in management (PPIM) for each residential unit of the designated centre and also an on-call management system in place in the event of any unforeseen emergency and/or incident.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The provider had ensured there were adequate resources for the effective delivery of care and support in accordance with the statement of purpose.

Staffing levels for the centre were allocated to meet the support and identified risk management needs of residents. There was also evidence that the provider had resourced the centre with allied health professionals with expertise in the management of behaviours that challenge and resources.

The physical environment of the centre had been adapted to meet the individual needs of residents. There was evidence that the provider nominee had ensured adequate resources were in place to make adaptations as required to reduce environmental causes of behaviours that challenge.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
It was observed during the inspection that there were enough staff with the right skills in the most part, qualifications and experience to meet the assessed health care needs of residents at all times. Appropriate nursing care was provided and residents received assistance, interventions and care in a respectful, timely and safe manner.

Staff spoken with were aware of policies and procedures related to the general welfare and protection of residents. Governance systems in the centre meant staff were supervised appropriate to their role by the team leader (PPIM) and the person in charge.

There were also effective recruitment procedures in place that include checking and recording all required information. From a sample of staff files viewed, the inspector found the centre was compliant with the requirements of Schedule 2 of the regulations.

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. For example, all staff had received mandatory training in fire safety, medication administration (where appropriate), manual handling, and client protection. Most staff had also attended training in communication skills, management of behaviours that challenge, accredited training in health care, social care and communication systems for people with Autism Spectrum Disorders.

However, staff working the in the centre did not have training in food hygiene (staff cooked residents meals). Staff also did not have training in carrying out malnutrition assessments of residents as set out in the organisation's nutrition management policy.

Judgment:
Substantially Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
Records and documentation reviewed during the inspection were accurate and up-to-date.

There was a guide to the centre available to residents which met the matters as set out in the regulations.

There were policies in place which reflected the centre's practice and it was evident during inspection that staff understood policies and could implement them in practice.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

However, while it was evidenced by inspectors that complete and comprehensive records were maintained in the centre, they were not always easily retrievable. Most maintenance records were maintained in a central location in the campus the centre was located. They were not always clear as to what centre the servicing was carried out in, indicating the campus as a whole rather than individual designated centres. This is further outlined in Outcome 6: Safe & Suitable Premises.

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:

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Action Plan

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
Centre ID:	OSV-0005011
Date of Inspection:	02 December 2015
Date of response:	25 January 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The lack of locks on bedroom doors also impacted on residents privacy options in the centre.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
During the inspection the locks on the bedrooms doors in apartment 2 and apartment 4 were fitted with thumb turn locks. All the bedroom locks have now been changed to thumb turn locks.

Proposed Timescale: 25/01/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no locks on residents' bedroom doors, therefore, while residents could retain personal possessions within the designated centre there were inadequate provisions in place to secure them.

2. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
During the inspection the locks on the bedrooms doors in apartment 2 and apartment 4 were fitted with thumb turn locks. All the bedroom locks have now been changed to thumb turn locks.

Proposed Timescale: 25/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents needed more opportunities to engage in age appropriate evening time activities which could meet their interests and capabilities.

3. Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
A-team Leader (PPIM) has discussed this a team meeting on 13/1/16.

B. Each key worker will review the existing social and leisure evening activities and

introduce other activities of the service users choosing that they will be given the opportunity to take part in.

C. Once the activities are identified they will be incorporated into the Individual's Activity Record. The individual will be supported by their family and key staff to take part in an evening activity of their choosing at least twice a week.

D. Activities will be reviewed in the Personal Outcomes and Individual Plan Reviews and at Centre Team Meetings as a standing item on the agenda in order to ensure they are occurring, being monitored, records are being maintained and that new activities are being offered.

E. Photographs of the activities that individuals are going to take part in will be displayed.

Proposed Timescale: A – 13/1/16 B and C – 29/2/16 D and E From 29/2/16

Proposed Timescale: 29/02/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
At the time of the inspection one contract had not been signed by a resident's representatives as they were not in agreement with the terms and conditions set out.

4. Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:
A.The Sector Manager and PPIM (Service Co Ordinator) met with family member of the individual whose service agreement was not signed on 21/12/15.

Service agreement, Financial assessment and the appeals process fully discussed with the family member.

B. Family given the service agreement and financial assessment to complete and return to sector manager.

Proposed Timescale: A- Completed B- 1/3/16

Proposed Timescale: 01/03/2016

Outcome 05: Social Care Needs
Theme: Effective Services **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** While personal plans were detailed and comprehensive in relation to health and behaviour support needs, residents' leisure activities were not adequately identified. **5. Action Required:** Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis. **Please state the actions you have taken or are planning to take:** A. Team Leader (PPIM) and the PIC with the Team will focus on leisure activities in the centre by reviewing individuals' activities. They will update activities checklist to reflect same. B. Timetables and Activity Records will be reviewed at team meetings. C. Photos of activities to be taken and then used encourage choice Proposed Timescale: A- 13/02/16, B- From 29/2/16 C -From 13/02/16
Proposed Timescale: 29/02/2016

Outcome 06: Safe and suitable premises
Theme: Effective Services **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** Servicing and maintenance records were not easily retrievable. Most maintenance records were maintained in a central location in the campus the centre was located. They were not always clear as to what designated centre the servicing was carried out in, indicating the campus as a whole rather than individual designated centres. **6. Action Required:** Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally. **Please state the actions you have taken or are planning to take:** All of the relevant documentation will be stored in the Health & Safety folder in the designated centre.
Proposed Timescale: 29/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found routine checks of fire equipment, fire exit signs and fire exits were not up to date and in some instances had not been checked for a considerable period of time.

7. Action Required:
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
A separate folder with the appropriate checklist is now in place. Two staff member have been identified to complete the check list .Team Leader will check and sign on a monthly basis to ensure all checklists are up to date and forms completed.

Proposed Timescale: 25/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector also noted that the fire panel for the fire alarm was not located in the centre but located in another designated centre residential unit in the campus the centre was located in. There was no repeater panel in the designated centre.

8. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
A. The Facilities and Buildings Manager has upgraded the Fire Alarm software so that alerts can now be viewed on computer screens in the designated centre.
B. The alert can also be sent to smart phones which have been ordered for the designated centre. Once they are installed they will receive an alert when the fire alarm is activated and will no longer be relying on the repeater panel.

Proposed Timescale: A. 19/1/16, software installed B. On the installation of the phones

Proposed Timescale: 19/01/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
When a smoke/fire detector was set off in any residential unit within the larger campus, the fire alarm sounded in all residential units throughout the campus. This meant the fire alarm sounded regularly therefore, staff and residents were accustomed to hearing the alarm sound but did not act with urgency as it was many times not specific to their centre.

9. Action Required:
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:
A. The Buildings and Facilities Manager will install a new fire alarm bell which will differentiate the location of the fire. The alarm for the location of the fire will have a much louder sound and while the alarm will sound in other houses on the campus it will be less loud and will be intermittent.
B. Training with service users will be carried out to familiarise them with changes regarding fire procedures and different sounds. Peeps will be reviewed to reflect changes.
C. Fire drills will be carried out monthly in the designated centre.
D. Each fire drill will be carried out by activating a different break glass and sounding the alarm.

Proposed Timescale: A and B 31/1/16 C and D - 31/3/16

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector also noted that some smoke seal intumescent strips on doors had paint on them which rendered them ineffective in preventing smoke from travelling throughout the centre or into resident's bedrooms, for example.

10. Action Required:
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

Please state the actions you have taken or are planning to take:
The intumescent strips will be replaced on all door by the 31/1/16

A form for checking the intumescent strips will be added to the health and safety

checklist. Criteria/guidelines will be developed for painters when carrying out work on our premises.

Proposed Timescale: 31/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While the provider had ensured adequate resources for residents to engage in opportunities for new experiences and participate in education and training, goals established for residents mainly concentrated on behaviour management outcomes rather than educational achievements or leisure pursuits.

11. Action Required:
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
A.Team Leader (PPIM) has discussed this a team meeting on 13/1/16.

B. Each key worker will identify appropriate and varied activities of the residents' choosing that they will be given the opportunity to take part in.

C. Activities once identified will be incorporated into Individuals Activity Record. Each resident will be supported to take part in an evening activity of their choosing at least twice a week.

D. Review of activities will be a standing item on the agenda at team meetings in order to ensure they are occurring, records maintained, and that new activities are being offered.

E. Photographs of the activities that individuals are going to take part in will be displayed.

Proposed Timescale: A.- 13/1/16. B, C, D, E From 29/02/16

Proposed Timescale: 29/02/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Monitoring of residents' nutritional risk, whether it was a risk of malnutrition or obesity, was not robust enough and in line with the organisational policy for management of residents' nutrition.

12. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
If the BMI is not within the recommended guidelines, the resident will be assessed using the Nutritional Assessment Tool in line with the Organisational Policy for the management of residents' nutrition. If a nutritional risk is identified the resident will be referred to the Dietetic Services. The PIC has arranged for Key staff to attend training on Food and Nutrition delivered by a Dietician 01/02/16.

Proposed Timescale: 19/02/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure information was not centre specific.

While the statement of purpose set out the facilities and services to be provided by the centre, it did not set out the fire management arrangements as were in place at the time of inspection.

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

Please state the actions you have taken or are planning to take:
A. During the inspection a Complaints procedure for the Designated Centre was put in place and is now displayed in the centre.
B. PPIMS will review the statement of purpose to reflect fire arrangements as they change.

Proposed Timescale: A –Completed B 28/2/16

Proposed Timescale: 28/02/2016

Outcome 14: Governance and Management
Theme: Leadership, Governance and Management **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The inspector found on this inspection that fire safety checks had not been implemented as per the directive given by the provider nominee in September 2015. There were some instances where a considerable length of time had elapsed between checks. **14. Action Required:** Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support. **Please state the actions you have taken or are planning to take:** A. Sector Manager and Service co –ordinator met with the team leader on 19/1/16 and discussed actions from the provider six monthly audit. B. Team Leader to ensure that the audits and recommendations are discussed at team meetings. Actions to be identified, dates set and persons responsible identified. C. Team Leader to ensure tasks are completed by setting review dates and following up. Proposed Timescale: A- 19/1/16, B and C 31/1/16 ongoing
Proposed Timescale: 31/01/2016

Outcome 17: Workforce
Theme: Responsive Workforce **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:** Staff working the in the centre did not have training in food hygiene (staff cooked residents meals). Staff also did not have training in carrying out malnutrition assessments of residents as set out in the organisation's nutrition management policy. **15. Action Required:** Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
A. Team Leader will book staff into food hygiene training on the dates available on training calendar. All staff will have received same by June 2016.
B. Team Leader will book key staff into training with Dietician on 1/2/16
C. At the last team meeting (13/01/16) it was agreed that all staff would re-read the policy on nutrition and bring any questions to the Team Leader. The policy would be discussed at the next team meeting

Proposed Timescale: A- 30/6/16, B – 1/2/16, C- 13/1/16

Proposed Timescale: 30/06/2016