# Health Information and Quality Authority

## Compliance Monitoring Inspection report

### Designated Centres under Health Act 2007, as amended

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Muiríosa Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003753</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Muiríosa Foundation</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Melia</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Julie Pryce</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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 un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 June 2015 11:00</td>
<td>24 June 2015 18:00</td>
</tr>
</tbody>
</table>

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

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

**Summary of findings from this inspection**

This was the first inspection of a community based designated centre operated by Muiriosa Foundation in response to an application from the provider to register the centre under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013. The inspector met with management, residents and staff members during the inspection, observed practice and reviewed documentation such as personal plans, medical records, accident and incident records, meeting minutes, policies and procedures, staff training records and staff files.

The inspector found that resident's received a good quality service.
The designated centre comprised two comfortable homes, one of which accommodated four residents and the other three and which were appropriate to the needs of residents. Each house was in a rural setting with pleasant gardens and spacious communal and private areas in the homes. Each resident’s room was decorated and equipped in accordance with their assessed needs and preferences.

The inspector was satisfied with the safety and quality of care and support offered to residents in the designated centre. Residents appeared to be content in their home and activities both at home and in the community were chosen by residents and facilitated by the centre. The centre achieved compliance with the regulations in 17 of the 18 outcomes, but some improvements were required in the management of restrictions.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that there were structures in place relating to the management of complaints or allegations. There was a complaints procedure in place which was detailed enough to guide staff, and was clearly displayed in the centre. Complaints reviewed by the inspector included details of the complaint, the actions taken and the resolution.

Residents were consulted both in the organisation of the centre and in their own supports. There was clear evidence of choices being offered and made. Weekly residents meetings were held and decisions made at these meetings were implemented.

Residents were supported to vote if they wished, each had a voting card and information in relation to voting was available in an accessible format. An advocate was available from the national advocacy services if required by residents.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Each resident had a communication care plan in their personal plan which outlined the methods of communication which each resident would understand, together with detailed information about their way of communicating, for example what certain behaviours might be indicating or how someone might express pain.

Staff were knowledgeable in relation to the ways in which individuals communicated, and all interactions observed by the inspector were appropriate, respectful and caring, and in accordance with their communication care plans. Residents had aids to communication where required and preferred, for example, pictorial menus were available.

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):
This was the centre’s first inspection by the Authority.

Findings:
Links were maintained with the families and friends of residents, for example, visits were welcomed and facilitated and families were involved in the personal planning and decision making with their relatives. In addition residents were supported to go and visit their relatives.

Residents had been supported to forge and maintain links with the local community in accordance with their wishes and assessed needs. For example, one resident was a member of a local parish group and went on trips with them. The residents in one of the houses had made links with neighbours and were included in social activities with them.

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):
This was the centre’s first inspection by the Authority.

Findings:
Both contracts and service agreements were in place which outlined the services provided to resident and the charges incurred. These were signed by residents and a witness if required.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Personal plans were in place for each resident, and each had possession of their own plan. Each area of social or healthcare need examined by the inspector included a thorough assessment and a clear plan, for example plans were available in relation to epilepsy, mobility and skin integrity, and social care plans included preferences, goals and schedules of activities.

Personal plans were available in accessible version for those residents who required it, for example by the use of social stories.
There was evidence that appropriate steps had been taken towards ensuring a meaningful day for each of the residents. The assessments resulted in plans and goals,
and implementation of these plans was recorded. Activities included community groups, day services, outings, classes and religious services. Activities in the home for those residents when they chose to stay in included flower arranging, baking and gardening.

Other social occasions, as chosen by residents were facilitated, for example, residents had been on a week's holiday recently, and planned to attend the local garden party on the week following the inspection.

Judgment:
Compliant

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The designated centre comprised two houses in a rural setting. One of the houses accommodated four residents, and the other three. The homes were appropriate to meet the assessed needs of the residents, for example, they were appropriate to the mobility needs of residents and for any required equipment.

Each of the houses had a spacious kitchen and dining area and two living rooms. They were pleasantly decorated and furnished in accordance with the preferences of residents. There were spacious outside areas, and each resident had private accommodation in accordance with their assessed needs, decorated as they wished and with sufficient storage for their personal belongings.

Judgment:
Compliant

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

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and that fire drills were conducted. The inspector found that staff were aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for each resident, and all fire safety equipment had been tested regularly, including a weekly test of the fire alarm. There was also a carbon monoxide alarm.

Risk assessments were available, both environmental and individual. For example, risk assessments were in place in relation to the risk of going missing for one resident, and relating to bedrails for another. A risk register was maintained and there was a system of escalation of risks that could not be managed locally.

In addition there were structures and processes in place in relation to the management of any accidents and incidents. Required actions were identified and monitored and these processes were recorded. Actions taken were documented, and where advice had been sought the implementation of this advice was also recorded.

Systems were in place in relation to infection control, the designated centre was visibly clean and staff had received training in hand hygiene.

Judgment:
Compliant

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The provider had put in place systems to promote the safeguarding of residents and to protect them from the risk of abuse. Staff had been provided with training in
safeguarding and the protection of vulnerable adults. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents. There were robust systems in place for the management of residents’ money, clear records were maintained and balances were correct.  

There was a behaviour support plan in place for one of the residents who required support in this area, it was based on an assessment of needs, gave clear guidance to staff and included strategies to reduce the likelihood of the behaviour occurring.  

Risk assessments were in place for any restrictive interventions, and these were regularly reviewed. However, a stairgate was in place at the top of the stairs in one of the houses to prevent residents going downstairs during the night, and there was no evidence of consideration having been given to any alternatives to this restrictive intervention, either in the documentation or from discussion with staff, and the inspector was concerned that the intervention might not be the least restrictive required to safeguard the resident.

Judgment:  
Non Compliant - Moderate

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):  
This was the centre’s first inspection by the Authority.

Findings:  
The person in charge was aware of any issues which require notification to the authority and all required notifications had been submitted appropriately.

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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence that residents had a meaningful day in accordance with their assessed needs and that their communication needs were met.

Residents engaged by the inspector said that they were happy in their homes, felt safe there and enjoyed their own rooms. They discussed various activities they were involved in. These activities included local pottery and felt classes, a community based day service for elderly people and outings for meals or shopping. Where residents chose home based activities such as cooking or relaxing with the television this was also facilitated.

**Judgment:**
Compliant

---

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was evidence of a balanced and nutritious diet and a record of nutritional intake was maintained. Snacks and drinks were readily available and choice was facilitated in accordance with each resident’s communication needs. For example one resident made their choice by being offered the alternatives at the time of the meal, and another chose from pictures of meals. Menus were planned at the weekly residents’ meeting, and further choice offered on a daily basis.

Residents had good access to the general practitioner and allied healthcare professionals in accordance to their assessed needs, for example, the speech and language therapist, optician and dentist.

There was evidence of residents’ healthcare needs being met. There was a healthcare plan in place for each of the assessed needs reviewed by the inspector. For example, a care plan in relation to epilepsy included information about triggers and prevention of seizures as well as the emergency management of any seizure, including signs that a
seizure could be imminent. A protocol for the use of any rescue medication was in place.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
Structures were in place in relation to the safe management of medications. Prescriptions contained all the information required by the regulations, and prescriptions for ‘as required’ medications included clear instructions relating to the conditions under which they should be administered. All staff involved in the administration of medications had received training in the safe administration of medications and also in the administration of rescue medication for epilepsy.

Systems were in place to ensure the safe ordering, receipt and storage of medications. A local protocol was in place to guide staff in the safe management of medications. Drug errors were reported and recorded appropriately, and the record included reflection on the incident. An internal medication audit was conducted monthly, and the pharmacist conducted an external audit on a quarterly basis.

Each resident had been assessed in relation to self medication, and each received the level of support they required.

**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):
This was the centre’s first inspection by the Authority.

Findings:
The statement of purpose included all the information required by the regulations and accurately reflected the service offered.

Judgment:
Compliant

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. Within this structure various team meetings were held, including local team meetings. Minutes of these meetings were reviewed by the inspector. Required actions were identified and the implementation of these actions was monitored at the subsequent meeting.

Various audits had been conducted, including audits of finances, personal plans and fire safety. The provider had conducted an unannounced visit within the last six months. An annual review of the quality and safety of care and support had been carried out. The inspector found that this was an effective system and any areas for improvement were followed up and monitored.

The inspector found that the person in charge of the centre was suitably qualified and experienced. She was present in the centre on a regular basis and it was clear that she was well known to the residents. She had clear knowledge of the health and support needs of the residents. She was aware of her roles and responsibilities and about the management and the reporting structure in place in the organisation.

A quarterly staff appraisal system was in place in accordance with the centre’s policy
Judgment: Compliant

<table>
<thead>
<tr>
<th>Outcome 15: Absence of the person in charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Appropriate arrangements were available in the event of the absence of the person in charge, and the person in charge was aware of when absences must be notified to the Authority.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 16: Use of Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
</tr>
</tbody>
</table>

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. Both houses were well furnished and maintained and adequately equipped to meet the needs of the residents. Where residents required additional equipment in order to meet an identified need this had been provided. There was a vehicle for the sole use of each house which was appropriate to the mobility needs of residents.

**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):**
- This was the centre's first inspection by the Authority.

**Findings:**
- The inspector found that there were appropriate staffing levels and skills mix on the day of inspection to meet residents’ needs within the layout of the premises. Staffing levels at the weekends were determined in accordance with the needs of residents, and included flexible hours to meet the needs of residents.

- Staff were in receipt of up to date training in mandatory areas, and had received additional training to meet the needs of residents, for example, in the management of epilepsy and in the use of nebulisers. All staff engaged by the inspector displayed appropriate knowledge and skills required to meet the assessed needs of the residents. Staff were observed during the course of the inspection to be implementing personal plans and communication profiles.

**Judgment:**
- 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):**
- This was the centre’s first inspection by the Authority.
Findings:
All records to be kept in the designated centre in respect of each resident were in place, all the policies required under Schedule 5 were in place and the records required under Schedule 4 were available and were examined by the inspector.

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:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

| Centre name: | A designated centre for people with disabilities operated by Muiríosa Foundation |
| Centre ID:   | OSV-0003753 |
| Date of Inspection: | 24 and 25 June 2015 |
| Date of response: | 25 August 2015 |

Requirements

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

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

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all alternatives to a restrictive intervention had been considered.

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

---

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

**Please state the actions you have taken or are planning to take:**
Following a risk management meeting it has been agreed to install a movement monitor/alarm on the stairs which will be connected to the staff room to alert staff if the individual decides to go down the stairs. Once installed it will trialled for a period of one month to ascertain its effectiveness and if deemed effective the stair gates will be removed.

**Proposed Timescale:** 31/10/2015