

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Hearts Nursing Home
Centre ID:	ORG-0000156
Centre address:	Roslea Road, Clones, Monaghan.
Telephone number:	047 51 069
Email address:	sacredhearts@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Varna Healthcare Services Limited
Provider Nominee:	Donal O’Gallagher
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	Jillian Connolly
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 April 2014 07:30 To: 08 April 2014 20:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This monitoring event was an unannounced follow-up inspection to assess progress by the provider and person in charge with completing the action plan developed from findings during the inspection by the Authority on the 19 and 20 February 2014, which was completed in response to an application by the provider for renewal of registration. This is the sixth inspection of this centre by the Authority. On the day of inspection, inspectors met with residents, relatives and staff, reviewed documentation and observed practices to assess progress with completing the action plan. While, inspectors found evidence of progress with some actions required in the action plan, no work had commenced on others. Some actions were still within proposed timescales for completion but had not been progressed for new admissions.

Inspectors also found additional evidence of non-compliance with the legislation in some areas already the subject of the action plan from the registration renewal inspection in February 2014.

The centre premises have been the subject of documented on-going non-compliance

with the regulations and standards in the inspection reports and action plans in respect to areas of risk to residents and the negative impact of the current layout/structure on the privacy and dignity of residents. Although the provider forwarded a letter to the Authority on the 04 August 2010 referencing a new-build, to date no documentation detailing planned alterations to the structure/layout of the premises by July 2015 have been received. The provider documented in his response to the action plan from the inspection in February 2014 that he had reduced a three bedded room to two beds which was confirmed as completed by the inspectors on this inspection. Inspectors observed that a four bedded room had been vacated on the afternoon of this inspection and were told work had commenced to reduce the occupancy level to two residents in this room.

Areas of increased risk in relation to fire safety management in the centre relating to evacuation procedures had being reviewed and progressed by the provider since the last inspection. However, as discussed with the person in charge on this inspection, documented records of a recent simulated fire drill did not provide assurance that residents would be safely evacuated. While fire evacuation sheets were placed on each resident's bed, their individual evacuation requirements in terms of numbers of staff and equipment had not been established. Adequate completion of residents' care documentation including care plans and appropriate referrals to allied health professionals was found to be inconsistent.

The Person in Charge provided the inspectors with information confirming that a total of 41 residents currently resided in the centre. On the day of this inspection there were 39 residents in the centre and two residents in hospital of which 16 (41%) residents had maximum and 9 (23%) had high dependency needs, 10 (25%) had medium and 6 had low dependency needs. There were 33(84%) of residents aged greater than 80 years. Eight of the residents living in the centre had a diagnosis of dementia or Alzheimers disease.

Other areas for improvement include medication management, social care needs, the management of verbal complaints and the privacy and dignity of the residents. A review of staffing arrangements was required based on the findings within the centre detailed in Outcomes 7, 11 and 18 which are documented further in this report.

Following this inspection, an action plan was sent to the provider which set out the mandatory improvements required to meet the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

However, the completed action plan returned by the provider does not satisfactorily address all the failings identified in this report. The Authority has therefore taken the decision not to publish the action plan at this time and is in discussion with the provider to address all outstanding actions.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and amendments, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

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

Findings:

There was one action identified on the previous inspection relating to the Statement of Purpose which took place on the 19th and 20th February 2014, in response to application by the provider for the renewal of registration of the designated centre. The provider satisfactorily addressed the action within the response submitted to the Authority. During the feedback session which occurred following this inspection, inspectors reiterated to the person in charge and the operations manager the requirement to ensure that an up to date Statement of Purpose is maintained at all times in the designated centre. This was acknowledged and inspectors were assured that this would occur in the future.

Judgement:

Compliant

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the inspection of the 19th and 20th February 2014, Inspectors reviewed a sample of residents' contracts of care. Each resident had an agreed written contract of care in place which was signed by the resident or their representative. The contract set out the

services to be provided and acknowledged that additional charges are applied for a variety of other services such as hairdressing, chiropody and transport including any attending care assistant escort costs. However there were no details of the fees to be charged included in the contract or reference to where that information could be found. The provider responded to the action plan of 19 and 20 February 2014 that this was because arrangements are strictly between the resident and the provider of the additional service, therefore no action was required. However Inspectors referred the operations manager and the person in charge to their registration renewal application, in which the provider referenced that residents are charged by the provider for the pre-mentioned services and in turn the provider then pays the relevant service provider on behalf of the resident concerned. The operations manager and the person in charge confirmed that this was the process for certain residents and agreed that it required review.

Judgement:

Non Compliant - Minor

Outcome 06: 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.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

On the inspection which occurred on the 19th and 20th February, Inspectors were not satisfied that there were effective systems in place to obtain consent from residents regarding the expenditure of their finances for additional services and/or clothing. The provider has stated in the response to the action required that a form had been devised which will address this and would act as one control measure to safeguard residents finances. This form was in the process of implementation into practice in the centre.

Judgement:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Two actions were identified in this area relating to the risk register and the safe evacuation of residents in the event of a fire as a result of the inspection conducted regarding the renewal of registration inspection.

Inspectors continued to be concerned about the ability of staff to evacuate residents from the designated centre based on the needs of the residents and the staffing levels, particularly at night. The provider stated to inspectors that he was satisfied that this could occur however sufficient evidence available to support this assurance was not satisfactory due to the following findings;

- Residents did not have individual assessments completed to reference the numbers of staff required to evacuate them and their evacuation equipment needs.
- One resident was on supplemental oxygen therapy, there was no portable oxygen cylinder available to ensure continuity of therapy during evacuation.
- Two residents were in bedrooms on a level up five steps, no evidence was available to ensure they could be safely evacuated on evacuation sheets. One resident had compromised respiratory function.
- Two residents were receiving percutaneous endoscopic gastrostomy (PEG) feeding as they could not swallow safely. There was no assessment made to ensure aspiration was not a risk in the event of evacuation on an evacuation sheet.

Evidence was available of a simulated fire drill which had been conducted with three staff. The fire drill involved moving residents from one zone to another. The person in charge stated that she was satisfied with staffing levels including at night, based on the outcome of the drill.

Fire evacuation sheets were placed on each resident's bed, individual evacuation requirements in terms of equipment to be used and numbers of staff required were not established.

Risk was also identified in relation to the assessment and management of pain. There was a pain assessment tool available for assessing residents' pain however inspectors found that it was not utilised for all residents who were prescribed medications for pain management. The person in charge stated that it had been discussed at staff meetings and gave a firm commitment to implement the pain assessment tool immediately. Inspectors found on this inspection that a pain assessment tool was utilised for all residents with symptoms of pain. This finding is discussed in Outcome 11.

During the course of this inspection, inspectors identified non-compliances with infection prevention and control best practice. Inspectors observed that some commodes for residents use in their bedroom were unclean. There were no cleaning schedules referencing cleaning of commodes. In addition, staff confirmed inspectors' observations that the hand soap and hand gel were being refilled which is also not in line with infection prevention and control best practice standards.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors observed the administration of medication to a sample of residents and found that medication administration was in line with professional best practice standards. On the last inspection in February 2014, moderate risk was identified in relation to medication management. The inspector observed on this inspection that the medication was administered unbroken.

A sample of medication prescription and administration records was reviewed. The inspector found that the quality of photographs required improvement as it was difficult to identify the residents in some photographs reviewed. This finding posed a potential risk of medication error. The inspector discussed this with the staff nurse dispensing medications on the day of inspection.

Judgement:

Non Compliant - Moderate

Outcome 10: Reviewing and improving the quality and safety of care

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the renewal of registration inspection, there was evidence that audits were undertaken and there was an annual quality report compiled by the operations manager. However inspectors were not satisfied that the audits and the reviews directly improved outcomes for residents. The provider stated in the response to the actions required that a further section would be added to the annual review to identify improvements from

the 1st May 2014. Work in this area is in progress.

Judgement:

Non Compliant - Minor

Outcome 11: Health and Social Care Needs

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Four actions were identified in the inspection report for the renewal of registration regarding the social care needs and the health care needs of residents. They related to management of behaviours that challenge, consultation with residents and representatives in relation to their care plans, pain assessment tool and social care needs.

There was an activity co-ordinator employed in the designated centre, however inspectors were not satisfied that the social care needs were being met by residents due to insufficient evidence of provision of opportunities for each resident to participate in activities appropriate to his/her interests and capacities. While, the provider had not implemented this action within the timeframe submitted to the Authority of 19 March 2014, action had commenced in this area . Inspectors found on this inspection that there was progress made on recording the activities residents partook in and concomitant outcomes for them.

On the previous inspection, inspectors observed inconsistencies in consultation with residents and/or their relatives regarding their care. In the response to the action plan the person in charge did not accept the findings of inspectors and therefore did not address the action required. The centre had a system in place for recording consultation with residents and/or their relatives and care plans were reviewed by staff three monthly as required. However on this inspection further review of care plans by inspectors confirmed that inconsistencies continued as some care plans were reviewed or completed without consultation with the residents concerned as required by Regulation 8 (2) (c).

Inspectors found deficits' with the supports in place for individuals who exhibit behaviours that challenge on the renewal of registration inspection. The person in charge did not accept the findings of inspectors and therefore identified no actions to be implemented. Evidence on this inspection is in keeping with the findings with the last inspection. Inspectors found that there was no evidence that the factors, in line with evidence based practice, which contribute to alleviating behaviours that challenge were identified, explored and/implemented on a daily basis.

Inspectors found that the pain assessment tool had been implemented as stated by the person in charge in the response to the previous action plan. However, some residents with pain did not have a care plan in place advising staff of management of their pain. There was also the absence of care plans for additional needs identified, such as residents becoming confused. A resident who did not have a care plan in place to advise staff on his care while confused had a fall on the 22 March 2014 and sustained a fractured femur.

Inspectors found that referrals to appropriate professional services were not consistently taking place. For example, some residents with nutritional needs were not referred to a dietician. A resident who was overweight was commenced on an inappropriate diet by staff without appropriate referral and advice from a dietician. Inspectors found that three monthly assessments of residents' cognitive health were completed using an accredited assessment tool. However, there was also evidence that a resident who needed a referral to a consultant psychiatrist had not been referred for a considerable period of time. Whilst the GP has responsibility to make such a referral, they can only do so if the need is notified by the person in charge.

Judgement:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective Care and Support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors had found that the current layout and structure of the building has a significant impact on the privacy and dignity of the residents currently living there and considerable risk was present as detailed in Outcome 7. A relative documented in a pre - inspection questionnaire submitted to the Authority that the building needs to be

'bigger'.

As of the registration renewal inspection, there were eight single rooms which must be altered by July 2015. There were also one three bedded room and two four bedded rooms which must be altered to comply with regulations by July 2015. It was found that the layout and size of these rooms, did impact on the dignity and privacy of the residents currently residing there. The provider informed the Authority in the response to the action plan that the three-bedded room had been reduced to a two-bedded room and the inspector confirmed on this inspection that this impacted positively on the residents residing there. On the day of inspection, work was in progress to reduce one four bedded room to a two bedded room. Inspectors met with the provider to discuss the plans for the resident accommodation including the remaining four bedded room and the eight single rooms. The provider stated that the building would be in compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland by July 2015. He further stated that the four bedded room would be reduced by the end of June 2014. Two residents bedrooms located in an elevated part of the first floor did not have lift access and were accessible by five steps only. There was no toilet or bathroom/shower facilities in this area, Residents currently accommodated in this area could not access toilet or washing facilities easily even with the assistance of staff to descend the stairs. Inspectors reiterated to the provider that he was required to submit a copy of plans to the Authority as per regulation notice issued to all providers in March 2013 and reissued to him on the 31 March 2014. The provider was requested to submit the schedule and arrangements for residents whilst completing this work as they had not been submitted to date. This requirement is restated in the action plan.

On the previous inspection, it was found that commodes were in a number of bedrooms on a permanent basis. The provider stated in the Action Plan response that improved quality commodes were being purchased for the rooms, as there were no en suite facilities for residents. The provider confirmed on the day of inspection that he did not review this with the residents to ascertain their satisfaction with utilising commodes. A resident told the inspectors that she would like access to a toilet; another resident said she did not like using a commode in her room. These areas of dissatisfaction were conveyed by inspectors to the person in charge and the operations manager during the inspection feedback meeting.

This has an impact on the privacy and dignity of residents due to potential odours and inadequate screening around beds. In addition, inadequately protected visibility through a window panel between a multi-occupancy room and a single room compromised the privacy of residents using the commode in both areas. Residents in a four bedded room on the ground floor did not have their personal space defined as the residents' wardrobes and mirror units were along the opposite wall to their beds. The layout of this room was clinical in style.

The visitors' room is not accessible to numerous residents due to the need to ascend five steps to access it, as stated in the previous inspection report. The provider stated that this is included in the proposed alterations to the building. This action is restated in the action plan.

The exterior of the nursing home contains numerous slopes, steps and pathways without handrails. Inspectors found that parts of the ground surfaces were uneven and potholed in numerous places and were concerned for residents who have a need identified regarding their mobility. The provider stated on this inspection that as there had been no record of accidents or incidences in the past on the external grounds and there were no plans to address the external grounds. Inspectors formed a view that based on the assessed dependencies given to inspectors by the person in charge that a number of residents would have a limitation of movement and independence. The non-completed actions are restated in the action plan.

Judgement:

Non Compliant - Major

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

On the inspection which occurred on the 19th and 20th June 2014, Inspectors observed the dining experience and found residents requiring assistance with eating were waiting for undue amounts of time for their meals to be served. The provider stated that a survey would be completed by the 1st June 2014 in the response to the action plan of the inspection of February 2014. The operations manager and the person in charge confirmed that this was occurring during the inspection feedback meeting. There was one sitting for the lunchtime and tea-time meals. Residents were not observed to be waiting for meal service on this inspection and were assisted by staff as needed. Space for manoeuvring was improved as staff were observed to remove assistive frames to the sitting room while residents dined and returned them as each resident finished their meal. As a result, residents comfort was enhanced and staff were enabled to move more freely around the area to assist residents as required.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life

and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As stated in Outcome 12, there was a visitors' room available for residents to meet in private with visitors, however due to the location, the visitors' room was not accessible to a number of residents as access involved ascending five steps. Therefore the only private space available for some residents was their bedroom, which may not be suitable to them for this purpose due to the presence of commodes in their room.

On the renewal of registration inspection, Inspectors found that due to the layout and the number of residents residing in the centre that all residents did not receive care in a dignified way that respects their privacy. There was a window panel between two bedrooms on the ground floor which allows one resident to see into another residents' private space. While there was a curtain fitted on this window, it was transparent. The operations manager assured inspectors that this would be addressed immediately during the inspection feedback meeting. In addition screen curtains surrounding the beds in multiple occupancy rooms, did not adequately protect the privacy of individuals due to the nature of the material. On the last inspection, Inspectors also observed that there was limited space between the curtains and the beds in multiple occupancy rooms. As stated in Outcome 12, the provider has initiated reducing the multiple occupancy bedrooms. Inspectors observed that work completed had a positive impact on the privacy and dignity of residents.

On this inspection, inspectors observed staff knocking on residents bedrooms doors however they were entering at the same time, therefore not affording residents the opportunity to give their consent for admission to their space. Inspectors also observed all bedroom doors were left open at night; however there was no evidence that residents were satisfied with this arrangement or had consented to it.

Confidential information about residents was also stored in an unlocked area on both the upstairs and downstairs corridor. The person in charge and the operations manager stated during the inspection feedback meeting that they would review this finding.

Judgement:

Non Compliant - Moderate

Outcome 17: Residents clothing and personal property and possessions

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Findings of the renewal of registration inspection were that records of residents' personal possessions did not contain the signature of the resident or their representative. While the provider stated that this would be addressed by the 1st May 2014 in his response to the action plan, this was not implemented for new admissions on this inspection. Inspectors reviewed the records for a sample of the residents who had been admitted since the provider response to the action plan was submitted to the Authority and found that there were no signatures entered by these residents and/or their representatives. This action is restated in the action plan at the end of this report.

Judgement:

Non Compliant - Minor

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors had not been satisfied that the staffing levels were meeting the needs of the residents on the previous inspection. The provider stated that staffing levels were reviewed on a monthly basis. The person in charge stated that she was satisfied with the staffing systems reviews currently in place. While there was five less residents in the centre since the previous inspection, inspectors remained concerned that there were insufficient staff to evacuate residents in the event of a fire.

In view of the findings from inspection to date and as discussed in Outcome 7, in relation to the non-compliances with requirements of Regulation 31: Fire precautions and records, in Outcome 11: Regulation 8: Assessment and Care Plan and Regulation 9:

Health Care, a staffing review is required to ensure that residents receive suitable and sufficient safe care.

Judgement:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

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

Report Compiled by:

Catherine Rose Connolly Gargan
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