

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Knightsbridge Nursing Home
Centre ID:	ORG-0000145
Centre address:	Longwood Road, Trim, Co. Meath
Telephone number:	046 948 2700
Email address:	care@barchester.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	HC Developments
Provider Nominee:	Pam Hardy
Person in charge:	Gillian McDonald
Lead inspector:	Mary McCann
Support inspector(s):	Brid McGoldrick;
Type of inspection	Unannounced
Number of residents on the date of inspection:	113
Number of vacancies on the date of inspection:	1

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 judgements 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.

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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following receipt of unsolicited information. 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 November 2013 16:00 To: 08 November 2013 23:00

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

Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report outlines the findings of an unannounced evening inspection. This inspection was scheduled in response to information received by the Authority since the previous inspection with regard to care and welfare of residents.

The previous inspection of this centre was carried out in May 2013 and actions with regard to contracts of care, provision of records and documents, safeguarding and safety of residents, reviewing and improving the quality and safety of care, health and social care needs, consultation with residents, management of clothing and personal property and staffing were contained in the action plan post this inspection.

The focus of this inspection was to monitor compliance with requirements relevant to governance, complaints management healthcare and staffing. The inspectors focussed on key aspects of service delivery to ensure safe outcomes for residents. Inspectors found that while there was evidence of good practice there were also a number of improvements required in order for the centre to be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The Action Plan at the end of this report contains outstanding actions and identifies where these improvements are required.

Section 41(1)(c) of the Health Act 2007 Compliance with 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.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

All residents had an up-to-date contract of care which was agreed with the resident within one month of admission as per Regulation 28 - Contract for the Provision of Services. The contract of care is a booklet type document and the agreement page was signed and kept in a specific contract folder. The Person in Charge informed the inspectors that the terms and conditions of the contract are given to the resident or their representative on signing the contract. It was not clear from all the agreement pages reviewed that all residents had received their terms and conditions part of the document as this was not confirmed in the agreement page. This is crucial in order that the resident or their relative is aware of the terms and conditions of the contract and can refer to them should they require to do so.

Outcome 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The Person in Charge (PIC) is known in the centre as the Director of Nursing is Gillian

McDonald. She holds a full time post and was available throughout the inspection. She qualified as a registered nurse in 2003 and has a Diploma in General Nursing, a Higher Diploma in Older Persons care and a Bachelor of Science degree in Nursing. She was appointed Director of Nursing of the centre in April 2011.

The PIC supported by the provider representative Pam Hardy who attends the centre for one week each month to review the service provided and is available daily by telephone.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

This outcome was not fully reviewed.

The policy had been reviewed since the last inspection. All staff had received training in Adult Protection and Garda Síochána vetting had been obtained for all staff. There was a visitors' log in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was only partially inspected.

Moving and handling

Moving and handling assessments were available on files reviewed. These are required

to ensure safe moving and handling of residents. The inspectors reviewed the staff training matrix which supported that all staff had up-to-date moving and handling training.

Accident and Incident recording

The inspectors reviewed the accident and incident records. These were partially completed in most incidences. The time of communication with relatives and or significant others was not recorded and there was poor detail with regard to this communication. The inspectors noted in one file reviewed that a fall had been recorded on the falls diary but there was no corresponding accident/incident form. A high standard of evidenced-based nursing practice was not complied with, regarding residents who had sustained a fall. There was poor evidence available that neurological observations were consistently completed post all falls. Inspectors also noted when a resident fell a revised falls assessment was not routinely completed and the care plan was not updated to include any additional controls that may be required to minimise the risk of injury to the resident.

Pre admission assessments

Pre-admission assessments were completed. However, staff described difficulties with accessing specialist equipment and supervision needs for some residents post admission and in discussion with staff it seemed that the centre did not make an informed judgement prior to accepting a resident whether they could meet their assessed needs. Good practice guidance in relation to admission to long-term care involves assessing that the resident is clinically stable prior to transfer, that all available relevant medical information is available and completion of pre-admission documents to determine if the centre has adequate staff with competencies to meet the specific requirements of the resident and suitable premises and equipment and activity provision to provide safe and sufficient care.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

This outcome was partially inspected

Wound care

There was one resident with a wound on the day of inspection. Inspectors viewed care plans with regard to the wound and found that this was appropriately managed. There was access to specialist services and the centre was adhering to specialist advice given with regard to dressings. Photographic evidence was available to ensure that there was a base line obtained for comparative purposes to monitor whether the wound was progressing or regressing. A wound assessment/dressing chart was in place and an accompanying care plan; staff reported that the wound was progressing well. Specialist pressure relieving aids were in place.

Speech and language therapy advice

The speech and therapy language services complete a report on reviewing a resident. This is filed in the care file and instructions with regard to feeding were included in the care plan so that staff is informed of safe practices.

Residents who spend long periods of time in bed

The inspectors noted that some residents spent long periods in bed and did not have an individual meaningful activity plan in place to include regular contact with staff to ensure they were being encouraged and supported to reach their maximum level of functioning and were not socially isolated. There were some units which accommodated young disabled residents. The inspectors noted that while there were some activities available to these residents some were not engaged in a comprehensive activities programme appropriate to their assessed needs.

Safe management of epilepsy

There were no procedures or care plans in place to guide staff on the safe management of epilepsy. The inspectors noted from examination of medication charts that one resident was on anti-convulsant medication. However, there was no care plan in place on safe management of epilepsy to guide staff on the specific interventions to manage seizure activity and emergency medication was not prescribed as a precautionary measure.

Challenging behaviour

Inspectors noted on reviewing care files that there were occasions when resident exhibited behaviour that challenges. The inspectors noted on one file that while the resident had been admitted to the centre for two months and had exhibited behaviour that challenged on several occasions there was no behaviour monitoring log in place or specific care plan to address the resident's individual needs.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Some improvements were necessary in the management of complaints. The complaints procedure was displayed in the entrance area. The complaints log was made available to the inspectors. There were a number of complaints documented since the last inspection with regard to the provision of care, communication with relatives and or significant others. The log contained details of the complaints, action taken as a result of the complaint and the outcome. However, while some complaints were deemed as resolved there was no evidence of whether the complainant was satisfied with the outcome. There was no evidence available that complaints had been referred to an independent appeals process. There was no process in place where complaints resulted in a review of the service provided to try and prevent re-occurrence. The underlying issues are not audited and a quality improvement plan put in place to monitor any deficits identified and tries to ensure positive outcomes for residents. The provider representative completes a report to assess and monitor the quality of then service provided on a monthly basis and while this report detailed the level of complaints it did not address ways in which complaints should be utilised to inform reviews and subsequent learning. Complaints management was an outcome that required review at the time of the last inspection.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents received a nutritious and varied diet that offered choice. However, care plans with regard to nutritional monitoring required review. Staff were unclear and the policy available did not guide them as to the procedure to follow when a resident was not eating sufficiently or had unintentional weight loss. There was

no guidance on for example when food fortification, use of food diaries or information re when to refer to a dietician. This centre has a high percentage of residents who have varying stages of dementia but the policy does not include specific advice with regard to the provision of good nutritional practices for this group. Residents confirmed that they enjoyed the food. They told inspectors that they had a choice at mealtimes. Additionally, the nutritional policy does not detail preventative strategies with regard to wound care or the correlation between nutrition and wound care.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

At the time of the last inspection in response to an action from the previous inspection, the inspector found that staffing levels had been reviewed and additional "floating" staff were put in place. However, the inspectors found that there were insufficient staff on duty to meet the needs of residents at the time of the last inspection. A detailed action was included in the previous inspection report. All aspects of this action were not inspected on this inspection.

The centre is registered to accommodate 114 residents, there were one vacancy at the time of this inspection. The centre provides care for a range of needs including dementia care, young disabled, frail elderly, palliative, convalescence and respite care. It is divided into six distinctive areas over three floors. On the ground floor general nursing care is provided to frail elderly persons, primarily over 65 years of age in Tara (22 residents) and dementia care in Boyne (16 residents). The first floor accommodates residents with dementia and intellectual disability Ledwich (15 residents), Swift (9 residents) and DeLacey (12 residents). young physically disabled persons are accommodated in the Butler (17 residents) and Bective (23 residents). There were 7 residents assessed as being Maximum dependency, 70 as high dependency, 29 as medium dependency and 7 as low dependency.

From analysis of the information received and from talking with staff and residents, concern was expressed to the inspectors with regard to adequate staffing levels to meet

the assessed needs of the residents. Due to the layout of the individual units and the fact that one nurse is on each unit during the day, it was felt that staffing levels required review to ensure there is adequate staff to support and assist nurses. In particular, where nurses are engaged in clinical duties specific to nursing staff for example medication administration, immediate assessment post an incident and other issues which require nursing skills and to ensure that staff members are supervised on an appropriate basis pertinent to their role. Residents told the inspectors there were occasions when they felt there was not enough staff to respond to their needs in a timely fashion and stated that they would like if staff had more time to talk to them and spend time with them. The person in charge confirmed that the staffing levels on the evening of inspection was the usual staff allocation and this was confirmed by the rota made available to inspectors.

There was a staff training matrix in place which confirmed that all staff had up-to-date mandatory training. All staff had received training in dementia care throughout 2012/13.

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 the residents, relatives, and staff during the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Knightsbridge Nursing Home
Centre ID:	ORG-0000145
Date of inspection:	08/11/2013
Date of response:	11/12/2013

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

It was not clear from all the agreement pages reviewed that all residents had received their terms and conditions part of the document as this was not confirmed in the agreement page. This is crucial in order that the resident or their relative is aware of the terms and conditions of the contract and can refer to them should they require to do so.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

It is clear that all residents have received their terms and conditions, by the fact that all signatures were present on the detachable carbonated page. However 8 of the 114

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

boxes had not been ticked and hence we will ensure we draw this box to the residents attention and ensure it is ticked.

Proposed Timescale: 31/12/2013

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Accident and Incident recording was partially completed in most incidences.

Pre admission assessments to determine if the centre has adequate staff with competencies to meet the specific requirements of the resident and suitable premises and equipment and activity provision to provide safe and sufficient care were not being completed.

Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The organisation will review the incident and accident report forms to include details of all actions taken immediately following an incident/accident and at prescribed periods thereafter to evidence the actions taken.

Neurological observations will always be completed following all unwitnessed falls or falls involving head trauma, for clients who specifically refuse these observations their refusal will be clearly documented.

A comprehensive pre-admission assessment is always completed on every resident prior to admission, which ensures and evidences our ability to sufficiently care for that resident. In future, we will ensure that if appropriate equipment is not available or delayed by funding we will delay admission until equipment is in place.

All residents have an activity care plan in place.

A comprehensive activity calendar/schedule is available.

The activities programme is available on display and a copy is left in each resident's room and this process will continue.

On the resident's care plan, there is a dedicated activity record. Attendance is recorded daily by the activity staff and a monthly entry made in the care plan to summarise the activities participated in. We review this information during our 6 monthly care profile reviews, which involve the resident or their representative, and we will evidence this clearly in future.

Proposed Timescale: 31/12/2013

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Residents who spend long periods of time in bed

The inspectors noted that some residents spent long periods in bed and did not have an individual meaningful activity plan in place to include regular contact with staff, to ensure they were being encouraged and supported to reach their maximum level of functioning and were not socially isolated. There were some units which accommodated young disabled residents. The inspectors noted that while there were some activities available to these residents some were not engaged in a comprehensive activities programme appropriate to their assessed needs.

Safe management of epilepsy

There were no procedures or care plans in place to guide staff on the safe management of epilepsy.

Emergency medication was not prescribed as a precautionary measure.

Challenging behaviour

While a resident had been admitted to the centre for two months and had exhibited behaviour that challenged on several occasions there was no behaviour monitoring log in place or specific care plan to address the resident's individual needs.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

Residents who have complex needs and spend periods of time in bed are provided with individual one to one activity plans. Information relating to this is recorded within the activities co-ordinators records. Delivering the care required assures and evidences at least 12 contacts with staff in a day.

However, we will produce more detailed activities strategy for each resident nursed in bed and agree this with the resident and/or their representative. The documentation which is already in care plans evidences that people are being provided with social stimulation and regular checks.

Regular meetings do take place with our younger adults and we ensure the plan is representative of their wishes and current social and occupational activities.

Emergency medication has been reviewed by their GP and prescribed for all residents with epilepsy. Details of the medication and its use have been included with the persons' corresponding care plan to provide guidance for staff.

A behavioural chart was in place and will continue to be used to map and monitor incidences of challenge and to identify triggers. Once this process has been completed one management plan will be produced to specify how to reduce the effect or impact of the behaviour for the individual and this will be monitored as an ongoing process during care plan reviews.

Proposed Timescale: 31/12/2013

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

While some complaints were deemed as resolved there was no evidence of whether the complainant was satisfied with the outcome.

There was no evidence available that complaints had been referred to an independent appeals process.

There was no process in place where complaints resulted in a review of the service provided to try and prevent re-occurrence.

The underlying issues are not audited and a quality improvement plan put in place to monitor any deficits identified and try to ensure positive outcomes for residents.

Action Required:

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

A final letter of conclusion is sent to all individuals who raise a complaint or concern. In future the complaints policy which is also clearly displayed will also be sent. This evidences the independence appeals process. In addition we have now created a folder evidencing any learning or actions following a complaint. The underlying issues are already audited and will be reviewed by the Senior Regional Operations Director during the monthly review and reporting process.

Proposed Timescale: 31/12/2013

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

Care plans with regard to nutritional monitoring required review.

Staff were unclear and the policy available did not guide them as to the procedure to follow when a resident was not eating sufficiently or had unintentional weight loss. There was no guidance on for example when food fortification, use of food diaries or information re when to refer to a dietician.

This centre has a high percentage of residents who have varying stages of dementia. However, the policy does not include specific advice with regard to the provision of good nutritional practices for this group.

The nutritional policy does not detail preventative strategies with regard to wound care or the correlation between nutrition and wound care.

Action Required:

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

Staff are to receive refresher training on the use of the MUST tool, but the policy within the must tool is patently clear on the procedure to follow and held on every care profile. The Must tool is a universally recognised policy and tool, and in step 2 clearly highlights the need to consider underlying disease (e.g. Dementia) as an increased risk. This is now reflected in our local policy. For the past 18 months all residents with Dementia have been provided with a fortified diet unless this is contra-indicated.

During the next care planning audit the Assistant Director of Nursing and all Heads of Unit will focus on nutritional needs. All MUST records and associated care plans will be reviewed to ensure accurate information is provided.

All BMI and MUST (weight loss) information will be cross checked/referenced to the Waterlow Assessment to ensure tissue viability/vulnerability information is accurate.

As per policy where residents are found to require greater nutritional support these will be discussed with the GP and/or dietician and the home's catering team to ensure ample nutrition and calories are provided.

Proposed Timescale: 31/12/2013

Outcome 18: Suitable Staffing

Theme: Workforce

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

Staffing levels require review to ensure there is adequate staff to support and assist nurses particularly where nurses are engaged in clinical duties specific to nursing staff. For example, medication administration, immediate assessment post an incident and other issues which require nursing skills.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

Staffing levels are reviewed daily at our communication meeting and confirm adequate staffing.

For support of Nurses the DON, ADON and other key senior nurses/CNM's are supernumerary each week including weekends.

Proposed Timescale: 31/12/2013

Theme: Workforce

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

Due to the layout of the individual units and the fact that one nurse is on each unit a review of staffing is required to ensure that staff members are supervised on an appropriate basis pertinent to their role.

Action Required:

Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

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

The number of registered nurses ensures that staff members are supervised on an appropriate basis pertinent to their role. The layout of the building allows 2 nurses to work together on each floor.

DON, ADON and Senior nurse/CNM visit all units regularly throughout the day to monitor the trained nurses in fulfilling their role and to provide any support needed.

At the weekends there is a Senior nurse/CNM's who is supernumerary from 9-5pm.

Senior management on call out of hours.

Proposed Timescale: 31/12/2013