

Unannounced Care Inspection Report 21 July 2017



Sir Samuel Kelly Memorial Eventide Home

Type of Service: Residential Care Home
Address: 39 Bangor Road, Holywood, BT18 0NE
Tel No: 028 9042 2293
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 40 beds that provides care for older people and people living with dementia, mental ill health and terminal illness.

3.0 Service details

Organisation/Registered Provider: The Salvation Army Responsible Individual(s): Mrs Elaine Cobb	Registered Manager: Mrs Linda Hook
Person in charge at the time of inspection: Mrs Sharron Cushley, Head of Care.	Date manager registered: 30 September 2008
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia TI - Terminally ill	Number of registered places: 40

4.0 Inspection summary

An unannounced care inspection took place on 21 July 2017 from 10.00 to 17.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, risk management, communication between residents, staff and other key stakeholders, listening to and valuing residents, taking account of the views of residents and to quality improvement and maintaining good working relationships.

Areas requiring improvement were identified. These were in relation to the home's environment, reporting of accidents and incidents, review of policies and procedures and the monthly monitoring visit reports.

Residents and their representatives said that the care in the home was good, that the staff were helpful, attentive and kind and that they, or their relatives, enjoyed living in the home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Sharron Cushley, Head of Care, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions required to be taken following the most recent inspection on 28 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events.

During the inspection the inspector met with nine residents, three staff, the person in charge and three residents' visitors/representatives.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file
- Care records of four residents
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.-(2) 9 (b) Stated: Second time	The registered provider must ensure the work tops are replaced.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and inspection of the premises confirmed that the work tops were replaced.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 21.5 Stated: First time	The registered provider must ensure the whistle blowing policy and procedure is up dated.	Met
	Action taken as confirmed during the inspection: Inspection of the whistle blowing policy and procedure submitted after the inspection confirmed that this was updated.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The person in charge confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of a returned staff views questionnaire confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The person in charge and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager and that records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed during the last care inspection and were found to be satisfactory. They were not reviewed on this occasion.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the person in charge and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

The person in charge confirmed that enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was a generic document which related to all areas of the UK in which the Salvation Army operated. It did not reference the current regional guidance applicable in Northern Ireland (Adult Safeguarding Prevention and Protection in Partnership, July 2015). It did not specify the name of the safeguarding champion. It did not set out the full definitions of abuse, types and indicators of abuse, onward referral arrangements, contact information and documentation to be completed. Action was required to ensure compliance with the standards.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The person in charge confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The person in charge confirmed there were restrictive practices employed within the home, notably keypad entry systems at the lifts and at internal doors leading to kitchens and to stairwells. A pressure alarm mat was used for a small number of residents. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The person in charge confirmed there were risk management policy and procedures in place relating to the safety of the home. Discussion with the person in charge and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

The person in charge confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Several issues were identified relating to the decoration of the home. The person in charge advised that these issues had already been identified; the home was undergoing a programme of redecoration to improve the internal environment.

Some issues were identified in relation to the maintenance of the home. Some bedrooms had two ceiling lights but one light did not work as there were no bulbs in place. Some hand sanitisers had not been refilled. In some en-suite bathrooms, the grab rails at the showers were rusted. Action was required to ensure compliance with the regulations in relation to ongoing maintenance of the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. It was noted, however, that the large fascia panels at the front of the home were stained. The person in charge provided an immediate undertaking to have the fascia boards regularly cleaned.

The home had a fire risk assessment in place. A concern was noted during an estates inspection on 18 July 2017. The details of the concern are set out in a separate premises inspection report.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems and emergency lighting were checked weekly and were regularly maintained. Emergency exits and means of escape were checked regularly throughout each week.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified. Action was required to ensure compliance with the regulations relating to ongoing maintenance and repair of the home's environment. Action was required to ensure compliance with the standards in relation to review of the home's adult safeguarding policy and procedure.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

Records were stored safely and securely in line with data protection.

The person in charge confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

The person in charge confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers. The person in charge and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The person in charge confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The person in charge confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records which identified that care plans were in place for the management of pain, trigger factors, prescribed medication, care of chronic pain etc.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The person in charge, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. Staff were also able to describe how residents' confidentiality was protected.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. The person in charge and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them. Residents were consulted daily on their preferences for clothing, meal choices and activities. Residents were also encouraged to participate in the annual review of care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made

available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- “I am happy here. The staff are very good, and I couldn’t complain about them at all. If I need help, they come to me quickly and they make me feel comfortable about being helped, for they chat away to me. I like the food and there are always alternatives if I prefer them. I always have cold drinks in my room. I am able to smoke, but only outside. I find this is a good place to live.”
- “The staff here are very intelligent and helpful. They look after me very well. The food is excellent and I’ve regained all the weight I had lost when I was ill. I have particular nutritional needs and the staff know these and make sure that my food and fluids are exactly right. I know who to ask if there was anything I was worried about, but I really have no complaints. I am confident that the manager would be able to deal with any complaints, if I had any. I am very happy to be living here. The staff are so attentive to me and to the other residents.”

Residents’ representatives spoken with during the inspection made the following comments:

- “My mum has settled so well. The staff are absolutely brilliant and have really helped us as a family with the process of moving mum into care. I am very happy with the care provided here.”
- “I feel the staff are excellent. They know my mother very well and can work with her very well, which isn’t always easy! The home is kept warm and clean and the laundry service is very good. The staff treat my mum very well.”
- “I am pleased with the care given to my mum. The staff are lovely and treat mum and our whole family very kindly. They let us know if they have any worries about mum.”

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the home's complaints policy and procedure submitted after the inspection identified that this was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Discussion with the person in charge identified that no formal complaints had been received since the last care inspection. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The person in charge advised that, should complaints be received more frequently, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented within the home's recording system and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. It was identified, however, that one accident was not reported to RQIA; action was required to ensure compliance with the regulations.

The person in charge advised that a regular audit of accidents and incidents was undertaken, that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the person in charge confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, the staff team had identified that specialist training was needed for dementia; The Salvation Army had arranged a six day training course in dementia care.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Review of monthly monitoring visit reports identified that the names of residents and residents' representatives were specified within the reports. This represented a breach of confidentiality and action was required to ensure compliance with the standards. Advice was provided to the person in charge of the home as to how this may be achieved.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The person in charge confirmed that the registered provider was kept informed regarding the day to day running of the home through the line management structure.

The person in charge confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge confirmed that staff could also access line management to raise concerns and that management offered support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The person in charge confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

One completed questionnaire was returned to RQIA from a member of staff. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified. Action was required to ensure compliance with the regulations relating to notifications to RQIA of accidents and incidents. Action was

required to ensure compliance with the standards relating to the monthly monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Sharron Cushley, Head of Care, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA office for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for Improvement 1
Ref: Regulation 27 (2) (c)
Stated: First time
To be completed by: 31 August 2017

The registered person shall ensure that a system of regular audit and review of the bedroom ceiling lights, hand sanitisers and grab rails at showers is put in place; any equipment found to be missing or damaged must be replaced or repaired.

Ref: 6.4

Response by registered person detailing the actions taken:

This is being reviewed in the weekly Health and safety walk is carried out by the Team Leaders, the homes maintenance person reviews this weekly. We have also informed care staff to check this in their keyworker weekly room audits, we have informed the Domestic team to check and report any finding anything broken. Domestic team will ensure that all sanitisers are checked twice weekly. We are presently awaiting quotations to have bathroom renovated due to building age.

Area for improvement 2
Ref: Regulation 30 (1) (d)
Stated: First time
To be completed by: 31 July 2017

The registered person shall ensure that RQIA is given notice of any accident or incident in the home which adversely affects the care, health, welfare or safety of any resident.

Ref: 6.7

Response by registered person detailing the actions taken:

All senior team, are aware that all reporting is done within the time frames set out by RQIA via the new portal access, any adverse effects injuries, hospitalisations and deaths are reported to RQIA within the time frame. All relevant resident care managers are linked in on the reports sent to RQIA. This is discussed at all weekly Management meetings to ensure this is reviewed and followed up.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1
Ref: Standard 21.1
Stated: First time
To be completed by: 31 October 2017

The registered person shall ensure that the home's adult safeguarding policy and procedure is reviewed to reflect current regional guidance.

Ref: 6.4

Response by registered person detailing the actions taken:

All safeguarding policy has been reviewed 27-7-17 and there is regional, organisational and national policy are in place. This will be part of the monitoring visit by the Adopt and Home Manager annually.

Area for improvement 2
Ref: Standard 20.11
Stated: First time
To be completed by: 31 August 2017

The registered person shall ensure that the identity of residents and residents' representatives is protected within the monthly monitoring visit reports.

Ref: 6.7

Response by registered person detailing the actions taken:

It has been agreed to anonymise all monthly monitoring reports by the Salvation Army CPB Director and ADOPs, where names have been discussed initials will be used.



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